

2/13/16

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**CONTRACT BETWEEN
NEW HOPE FOUNDATION, INC.
AND
COUNTY OF GLOUCESTER**

THIS CONTRACT is made effective the 3rd day of February 2016, by and between the **COUNTY OF GLOUCESTER**, a body politic and corporate, with offices at 2 South Broad Street, Woodbury, New Jersey, hereinafter referred to as "County", and **New Hope Foundation, Inc.**, of 80 Conover Road, Marlboro, New Jersey 07746, hereinafter referred to as "Vendor".

RECITALS

WHEREAS, there exists a need for the County to contract for mentoring/coaching of youth, as more particularly set forth in **RFP#016-014**; and

WHEREAS, this contract is awarded pursuant to and consistent with Gloucester County's fair and open procurement process and the terms and provisions of N.J.S.A. 19:44A-20.4; and

WHEREAS, Vendor represents that it is qualified to perform said services and desires to so perform pursuant to the terms and provisions of this contract.

NOW THEREFORE, in consideration of the mutual promises, agreements and other considerations made by and between the parties, the County and the Vendor do hereby agree as follows:

TERMS OF AGREEMENT

1. **TERM.** The term of the contract shall be from January 1, 2016 to December 31, 2018, with the option to extend for two (2) one (1) year terms, as more specifically in RFP#016-014.
2. **COMPENSATION** Vendor shall be compensated pursuant to the unit prices set forth herein, Vendor shall be paid in an amount not to exceed \$28,650.00 per year.

Vendor shall be paid in accordance with this Contract document upon receipt of an invoice and a properly executed voucher. After approval by County, the payment voucher shall be placed in line for prompt payment.

Each invoice shall contain an itemized, detailed description of all products shipped. Failure to provide sufficient specificity shall be cause for rejection of the invoice until the necessary details are provided.

It is also agreed and understood that the acceptance of the final payment by Vendor shall be considered a release in full of all claims against the County arising out of, or by reason of, the work done and materials furnished under this Contract.

3. **DUTIES OF CONTRACTOR.** The specific duties of the Vendor shall as set forth be in "Program Specifications" and other conditions which are incorporated and made part of this contract as Attachment A, B, C, D, and E and together with any other specifications issued by the County in connection with this contract. Expenditures shall conform to the Budget Justification described in Attachment A or such budget revisions submitted by the Vendor should be authorized in writing by the Department.

4. **FURTHER OBLIGATIONS OF THE PARTIES.** During the performance of this Contract, the Vendor agrees as follows:

The vendor 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 vendor 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 vendor 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 vendor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the vendor, 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 vendor 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 vendor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The vendor 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 vendor 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.

5. **LICENSING AND PERMITTING.** . If the Vendor or any of its agents is required to maintain a license, or to maintain in force and effect any permits issued by any governmental or quasi-governmental entity in order to perform the services which are the subject of this Contract,

then prior to the effective date of this Contract, and as a condition precedent to its taking effect, Vendor shall provide to County a copy of its current license and permits required to operate in the State of New Jersey, which license and permits shall be in good standing and shall not be subject to any current action to revoke or suspend, and shall remain so throughout the term of this Contract.

Vendor shall notify County immediately in the event of suspension, revocation or any change in status (or in the event of the initiation of any action to accomplish such suspension, revocation and/or change in status) of license or certification held by Vendor or its agents.

6. **TERMINATION.** This Contract may be terminated as follows:

A. Pursuant to the termination provisions set forth in the Bid Specifications or in the Request for Proposals, if any, as the case may be, which are specifically referred to and incorporated herein by reference.

B. If Vendor is required to be licensed in order to perform the services which are the subject of this Contract, then this Contract may be terminated by County in the event that the appropriate governmental entity with jurisdiction has instituted an action to have the Vendor's license suspended, or in the event that such entity has revoked or suspended said license. Notice of termination pursuant to this subparagraph shall be effective immediately upon the giving of said notice.

C. If, through any cause, the Vendor or subcontractor, where applicable, shall fail to fulfill in timely and proper manner his obligations under this Contract, or if the Vendor shall violate any of the covenants, agreements, or stipulations of this Contract, the County shall thereupon have the right to terminate this Contract by giving written notice to the Vendor of such termination and specifying the effective date thereof. In such event, all finished or unfinished documents, data, studies, and reports prepared by the Vendor under this Contract, shall be forthwith delivered to the County.

D. The County may terminate this Contract for public convenience at any time by a notice in writing from the County to the Vendor. If the Contract is terminated by the County as provided herein, the Vendor will be paid for the services rendered to the time of termination.

E. Notwithstanding the above, the Vendor or subcontractor, where applicable, shall not be relieved of liability to the County for damages sustained by the County by virtue of any breach of the Contract by the Vendor, and the County may withhold any payments to the Vendor for the purpose of set off until such time as the exact amount of damages due the County from the Vendor is determined.

F. Termination shall not operate to affect the validity of the indemnification provisions of this Contract, nor to prevent the County from pursuing any other relief or damages to which it may be entitled, either at law or in equity.

7. **NO ASSIGNMENT OR SUBCONTRACT.** This Contract may not be assigned nor subcontracted by the Vendor, except as otherwise agreed in writing by both parties. Any attempted assignment or subcontract without such written consent shall be void with respect to the County and no obligation on the County's part to the assignee shall arise, unless the County shall elect to accept and to consent to such assignment or subcontract.

8. **INDEMNIFICATION.** The Vendor or subcontractor, where applicable, shall be responsible for, shall keep, save and hold the County of Gloucester harmless from, shall indemnify and shall defend the County of Gloucester against any claim, loss, liability, expense (specifically including but not limited to costs, counsel fees and/or experts' fees), or damage resulting from all mental or physical injuries or disabilities, including death, to employees or recipients of the Vendor's services or to any other persons, or from any damage to any property sustained in connection with this contract which results from any acts or omissions, including negligence or malpractice, of any of its officers, directors, employees, agents, servants or independent contractors, or from the Vendor's failure to provide for the safety and protection of its employees, or from Vendor's performance or failure to perform pursuant to the terms and provisions of this Contract. The Vendor's liability under this agreement shall continue after the termination of this agreement with respect to any liability, loss, expense or damage resulting from acts occurring prior to termination.

9. **INSURANCE.** Vendor shall, if applicable to the services to be provided, maintain general liability, automobile liability, business operations, builder's insurance, and Workers' Compensation insurance in amounts, for the coverages, and with companies deemed satisfactory by County, and which shall be in compliance with any applicable requirements of the State of New Jersey. Vendor shall, simultaneously with the execution of this Contract, deliver certifications of said insurance to County, naming County as an additional insured.

If Vendor is a member of a profession that is subject to suit for professional malpractice, then Vendor shall maintain and continue in full force and effect an insurance policy for professional liability/malpractice with limits of liability acceptable to the County. Vendor shall, simultaneously with the execution of this Contract, and as a condition precedent to its taking effect, provide to County a copy of a certificate of insurance, verifying that said insurance is and will be in effect during the term of this Contract. The County shall review the certificate for sufficiency and compliance with this paragraph, and approval of said certificate and policy shall be necessary prior to this Contract taking effect. Vendor also hereby agrees to continue said policy in force and effect for the period of the applicable statute of limitations following the termination of this Contract and shall provide the County with copies of certificates of insurance as the certificates may be renewed during that period of time.

10. **SET-OFF.** Should Vendor either refuse or neglect to perform the service that Vendor is required to perform in accordance with the terms of this Contract, and if expense is incurred by County by reason of Vendor's failure to perform, then and in that event, such expense shall be deducted from any payment due to Vendor. Exercise of such set-off shall not operate to prevent County from pursuing any other remedy to which it may be entitled.

11. **PREVENTION OF PERFORMANCE BY COUNTY.** In the event that the County is

prevented from performing this Contract by circumstances beyond its control, then any obligations owing by the County to the Vendor shall be suspended without liability for the period during which the County is so prevented.

12. **METHODS OF WORK.** Vendor agrees that in performing its work, it shall employ such methods or means as will not cause any interruption or interference with the operations of County or infringe on the rights of the public.

13. **NON-WAIVER.** The failure by the County to enforce any particular provision of this Contract, or to act upon a breach of this Contract by Vendor, shall not operate as or be construed as a waiver of any subsequent breach, nor a bar to any subsequent enforcement.

14. **PARTIAL INVALIDITY.** In the event that any provision of this Contract shall be or become invalid under any law or applicable regulation, such invalidity shall not affect the validity or enforceability of any other provision of this Contract.

15. **CHANGES.** This Contract may be modified by approved change orders, consistent with applicable laws, rules and regulations. The County, without invalidating this Contract, may order changes consisting of additions, deletions, and/or modifications, and the contract sum shall be adjusted accordingly. This Contract and the contract terms may be changed only by change order. The cost or credit to the County from change in this Contract shall be determined by mutual agreement before executing the change involved.

16. **NOTICES.** Notices required by this Contract shall be effective upon mailing of notice by regular and certified mail to the addresses set forth above, or by personal service, or if such notice cannot be delivered or personally served, then by any procedure for notice pursuant to the Rules of Court of the State of New Jersey.

17. **COMPLIANCE WITH APPLICABLE LAW.** The terms and provisions of this Contract shall be construed pursuant to the laws of the State of New Jersey and, where applicable, the laws of the United States of America.

18. **INDEPENDENT VENDOR STATUS.** The parties acknowledge that Vendor is an independent Vendor and is not an agent of the County.

19. **CONFIDENTIALITY.** Vendor agrees not to divulge or release any information, reports, or recommendations developed or obtained in connection with the performance of this Contract, during the term of this Contract, except to authorized County personnel or upon prior approval of the County.

20. **BINDING EFFECT.** This Contract shall be binding on the undersigned and their successors and assigns.

21. **CONTRACT PARTS.** This Contract consists of various appendices, schedules and attachments (collectively, "the attachments") which provide details of the Vendor's obligations concerning reporting requirements, record keeping and the like. Also incorporated herein are any

other specifications issued by the County in connection with this contract. If there is a conflict between any of the attachments and the specifications the specifications will control. If there is a conflict between any of the attachments or the specifications and the Contract, then this Contract will control.

THIS CONTRACT is made effective this 3rd day of February, 2016.

IN WITNESS WHEREOF, the County has caused this instrument to be signed by its Director, attested by its Clerk, and its corporate seal affixed hereunto, pursuant to a Resolution of the said party of the first part passed for that purpose, and Vendor has caused this instrument to be signed by its properly authorized representative.

ATTEST:

COUNTY OF GLOUCESTER



CHAD M. BRUNER,
ADMINISTRATOR/CLERK OF THE BOARD

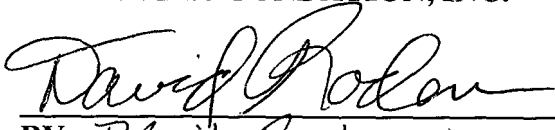


ROBERT M. DAMMING, DIRECTOR

ATTEST:

NEW HOPE FOUNDATION, INC.





BY: David Roden
TITLE: VP+COO

APPENDIX A

1. Payments will be made monthly on the basis of expenditure reports submitted by the Contractor and approved by the Board with the following administrative procedures:
 - a. Maintain in accordance with practices acceptable to the Department, uniform records of service described herein and make such records available to the Department at any time during the duration of this contract or thereafter.
 - b. Forward reports of services rendered from the inception of this contract. These reports should be submitted not later than the fifth day of the month immediately following the end of the month concerned.
 - c. Maintain adequate financial and/or personnel attendance – leave records pertaining to all services described herein as may be rendered and make said reports available for inspection by the Board and any or all of its agents at any and all responsible times during the term of the contract.
 - d. Participate in the Gloucester County Providers Advisory Committee on Alcoholism and Drug Abuse PACADA by attending a minimum of three (3) quarterly meetings. Agency to sign “Statement of Adherence” made part of this contract as Attachment D.
 - e. It is understood by the parties, that this contract is made under a grant to the County from the New Jersey Division of Addiction Services. The Contractor represents that funds provided through this contract, will not duplicate payment from any other source, and that clients served will be reported to the county and the state information and monitoring systems as receiving services through this contract only.
 - f. Accept general supervision and consultation services from the Department related to the program described in item 2 hereof.
 - g. Keep and make available the records described in (c) hereof until the completion of the fiscal audit of this contract or for three years after termination of this contract, whichever is later.
2. As a Sub-grantee, the Contractor must submit to the County an annual financial audit of the Sub-grant conforming to the governing cost principles applicable to the Contractor, be they
 - a. State and Federal Governments
 - b. Non-profit organizations
 - c. Educational Institutions
 - d. Hospitals
 - e. For profit organizations

3. The Contractor must complete and sign Schedule I, "Certification Regarding Lobbying" and Schedule II, "Certification Regarding Debarment and Suspension" as a condition of contract execution.
4. The Contractor shall notify the County within one (1) working day in the event of suspension, revocation or any change in status to licenses or certifications held by the Contractor.
5. The Contractor will not discriminate against the public in admission or access to or treatment in its programs or activities because of their handicapped status.
6. In the event of the cancellation of this contract, the Contractor shall furnish to the Department such report or reports as may be requested by the based upon work completed under provisions of the contract.
7. The Contractor does hereby warrant and represent that this contract has not been solicited or secured, directly or indirectly, in a manner contrary to the laws of the State of New Jersey and that said laws have not been violated and shall not be violated as they relate to the procurement or the performance of the contract by a conduct, including the paying or giving of any fee, commission compensation, gift, gratuity, or consideration of any kind, directly or indirectly, to any County employee, officer or official.
8. Payment under this contract is expressly dependent upon grant authorization and appropriation of funds as described herein by the Gloucester County Board of Freeholders.
9. The Contractor agrees to perform the services in accordance with the general requirements of the Grant to the County as outlined by the NJDHSS, Division of Addiction Services and which is incorporated and made part of this contract as Attachment C in the manner and upon the terms therein specified where applicable.

SCHEDULE I

CERTIFICATION REGARDING SUBGRANTEE LOBBYING

The undersigned certifies, to the best of his or her knowledge that:

- a. No grant funds awarded from federal appropriations have been paid or will be paid, by or on behalf of the sub-grantee, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the sub-grantee shall complete and submit the Standard Form-LLL, Disclosure Form to Report Lobbying, "in accordance with its instructions. Contact the Federal agency awarding the funds for a copy of form.

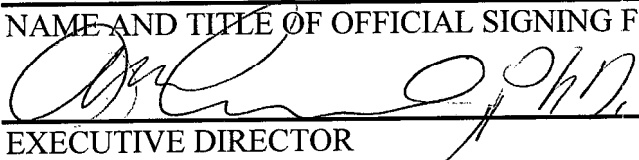
This requirement (certification) is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

NEW HOPE FOUNDATION, INC.

NAME OF AGENCY

DR. ANTHONY COMERFORD, Ph.D., EXEC. DIR.

NAME AND TITLE OF OFFICIAL SIGNING FOR AGENCY


EXECUTIVE DIRECTOR

2/8/16
DATE SIGNED

SCHEDULE II

Page 1 of 2

CERTIFICATION REGARDING SUBGRANTEE DEBARMENT AND SUSPENSION

In accordance with Federal Executive Order 12549, "Debarment and Suspension", the undersigned certified to the best of his or her knowledge, that as a sub-grantee this agency or its key employees:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency, or by the State of New Jersey;
- b. have not within a 3 year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense, in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State and antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statement, or receiving stolen property;
- c. are not presently indicted or for otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any offenses enumerated in paragraph (b) of this certification; and
- d. have not within a three-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause of default.

NEW HOPE FOUNDATION, INC.

NAME OF AGENCY

DR. ANTHONY COMERFORD, Ph.D., EXEC. DIR.

NAME AND TITLE OF OFFICIAL SIGNING FOR AGENCY

EXECUTIVE DIRECTOR

DATE SIGNED

2/8/16

NOTE: The following documents related to Department and Suspension as required by Federal regulations will be used as the basis for completion of this certification:

1. List of Parties Excluded from Federal Procurement or None Procurement Programs. This document is distributed by U.S. General Services Administration, U.S. Printing Office, Washington, D.C. This document can be acquired from the Superintendent of Documents by calling (202) 783-3238.
2. Report of Suspension, Debarment and Disqualifications of Firms and Individuals, State of New Jersey. This document is distributed by the **Division Building and Construction, 50 Barracks St., P.O. Box 235, Trenton, New Jersey 08625-0235.**

ATTACHMENT A
NEW HOPE FOUNDATION, INC.
PROGRAM SPECIFICATIONS AND BUDGET

RESIDENTIAL TREATMENT & DETOX-(Partially Enhanced); & HALFWAY HOUSE –
TOTAL = \$28,650.00

Utilizing Service Proposal per RFP for 2016-18 (with the option to extend for two (2) one (1) year terms) Agency Service Proposal Has Been Modified per Availability of Funds and County Need.

RESIDENTIAL DETOXIFICATION-Partially Enhanced and TREATMENT, Sub Acute-Detox ASAM Level III.7D and Short Term Residential Treatment ASAM Level III.7 as defined by NJ DAS and included as a part of this Contract as Attachment D. Also, when delivering Treatment the Licensing Standards and Regulations of the NJDHS/ Div. of Mental Health and Addiction Services shall apply.

***NOTE: These Funds Are Not To Be Used For Clients Who Meet Criteria For Funding Eligibility Through The NJ DMHAS-SJI Funding Or Any Other of NJDMHAS' Fee-For-Service Initiative Funding Sources

Residential Treatment (\$16,850.00)

Provide inpatient residential services to a minimum of 8 Gloucester County residents based on an average length of stay of 14 days each at a rate of \$150.00 per day. The number of patient bed days is approximately 112. Total reimbursement is a maximum of \$16,850.00. Reimbursement will be made on a fee for service basis.

Detoxification –Partially Enhanced (\$8,800.00)

Provide residential Detoxification Services for a minimum of 9 Gloucester County residents based on an average length of stay of 4 days each at a rate of \$240.00 per day. The total number of days is 36.66. Total reimbursement is a maximum of \$8,800.00. Reimbursement will be made on a fee-for-service basis.

Halfway House Continuing Care (\$3,000.00)

Provide Halfway House Services for a minimum of 1 Gloucester County residents based on an average length of stay of 50 days each at a rate of \$60.00 per day. The total number of days is 50. Total reimbursement is a maximum of \$3,000.00. Reimbursement will be made on a fee-for-service basis.

ATTACHMENT A
NEW HOPE FOUNDATION, INC.
PROGRAM SPECIFICATIONS AND BUDGET

Residential Treatment and Detox

- a. Provide each Gloucester County client with residential services which meet the guidelines set up for residential care by the State Division of Mental Health and Addiction Services (NJ- DMHAS).
- b. Such service will include individual and group counseling, educational lectures, family involvement when appropriate, treatment planning, and room and board.
- c. Provide continuum of care referral for each Gloucester County Client upon completion of the residential program. Referral wherever possible shall be to Gloucester County programs.
- d. Accept appropriate client referrals for residential care from the Department and other Gloucester County community agencies including the Jail and Gloucester County Probation.
- e. Provide Gloucester County referral agencies with admission criteria to clarify what is an appropriate referral.
- f. Clients who are employed, but without medical insurance will be charged for services in accordance with a sliding fee schedule approved by the NJ DMHAS, (No fee for clients with income below 350% of Federal Poverty level for the household. Households of one apply) No client will be denied admission on the basis of inability to pay as long as the client meets the financial eligibility requirements and there is funding available for such service under this contract.
- g. Work in cooperation with the County and NJ DMHAS in regards to proper reporting procedure and referrals.

Halfway House Services

Target population to be served: Addicted, Indigent Gloucester County Adults.

Definition of unit(s) of service"24 hours" of residential Halfway House Services including group, individual and family counseling, employment, transportation, case management and life skills training.

ATTACHMENT B
NEW HOPE FOUNDATION, INC.
NOT APPLICABLE

ATTACHMENT C
aka NJDMHAS' ANNEX A
for Gloucester County Department of Human Services
NJDMHAS/Gloucester County Contract Number: 16-530-ADA-0

ATTACHMENT C -TO GLOUCESTER COUNTY AGENCY CONTRACTS

ADDITIONAL CONTRACTING INFORMATION REQUIREMENTS PER NJDHS/ DIV. OF
MENTAL HEALTH AND ADDICTION SERVICES

NOTE: Attachment C is meant for your information to know our county contract and contracting compliance requirements per NJ DMHAS. They are the required conditions which your agency must meet as a part of this contract as applicable. Any part will be regarded as applicable if there arises any question for the County's compliance with the NJDMHAS Grant funding.

The county authority that provides direct services ("county contractee") and all of its subcontracted providers shall adhere to all Contractual requirements stipulated herein.

ANNEX A- For County Contract and Subcontractors

Chapter 51 of the Public Laws, or P.L., of 1989 amended Chapter 531 of P.L 1983 that had established the Alcohol, Education, Rehabilitation and Enforcement Fund, or AEREF, as a non-lapsing, revolving fund "only [to] be distributed to the counties...pursuant to the formula set forth in section 5 of this [1983] act...to develop and implement an annual comprehensive plan for the treatment of alcoholics and drug abusers." Annex A establishes the requirements of a county government that seeks to receive an allotment of AEREF and state discretionary fund, or SDF, dollars. The requirements in the Annex A form a contract between the Division of Mental Health and Addiction Services, or DMHAS, and the applicant county. The county authority shall adhere to all Contractual requirements stipulated herein.

Section I; Requirements of the County Authority

Not Applicable: Section I- A. "General Requirements" Through Section I- F. "Additional Requirements of the County..."- not applicable to Subcontracting.

The following is applicable to Subcontractees:

Section I -G

- A. Evidence-based Programming Requirement In calendar year 2016, the county shall move in the direction of using AEREF and SDF dollars to obtain and deploy evidence-based programs for all prevention, early intervention, treatment and recovery support services by the start of calendar year 2017.

Not Applicable: Section I- H. "Establishment of a Local Advisory....." Through Section I- I. "Unification Planning and Collaboration..."- not applicable to Subcontracting.

The following is applicable to Subcontractees:

Section I- J. through Section I-L. Numbers 1-8 H.

J. Solicitations of Third Party Service Subcontracts

1. All treatment providers, without exception, shall be licensed by DHS-Office of Licensing to provide the contracted or subcontracted services at the time of entering into any contractual relationship with the county authority.
2. All contractors and subcontractors and county-operated programs funded under this contract shall comply with regulations at *N.J.A.C. 8:42A-1 et seq.* and *N.J.A.C. 10:161B-1 et seq.* that establish standards for licensure of substance abuse treatment facilities.
3. All contractors and subcontractors and county-operated programs funded under this contract shall comply with regulations at *N.J.A.C. 13:34C-1 et seq.* that establish minimum acceptable standards of education, examination, experience, ethics and competent practice to encourage and promote quality treatment and rehabilitation for clients presenting with drug and alcohol addiction related disorders.
4. The county authority shall develop and maintain a formal process for soliciting, receiving and reviewing competitive proposals or bids on service subcontracts for all alcohol and drug abuse services required by the CCP and the corresponding County Comprehensive Alcohol and Drug Abuse Services contract. The county shall adhere to the DMHAS/DHS procurement rules. This shall include a process for:
 - a. public announcement of the availability of funds for alcohol and drug abuse services;
 - b. committee review by the LACADA of all competitive proposals/bids;
 - c. documentation of committee review and funding recommendations;
 - d. allocation of funds based on the DMHAS-approved CCP.
5. The County Authority shall forward a description of its bid solicitation and selection process, including the calendar for all steps in the process to DMHAS.
6. When transferring funds to any other municipal, state or county entity, there shall be an agreement such as an MOA that details the transfer of funds and the scope of services. The county authority will monitor those services as required for subcontracts.

K. Requirement to Obtain DMHAS Approval of Subcontracts, MOAs, or MOUs

1. The County Authority shall submit copies of all executed subcontracts or other third party service provision agreements, such as Memoranda of Agreement (MOA) or Memoranda of Understanding (MOU), to the DMHAS Office of PREP no later than April 15 of the contract year for which services are being purchased.
2. Funds will not be released to the county for any services for which the executed subcontracts or agreements have not been submitted to, and approved by the DMHAS Office of PREP.
3. New Jersey DMHAS will not honor any county request for reimbursement of services rendered by any third party service provider unless and until the county's agreement with said third party service provider has been approved by the DMHAS Office of Planning, Research, Evaluation, and Prevention.
4. Expenditure reports requesting reimbursement for services provided without a DMHAS-approved subcontract or other written agreement will be returned to the county and will not be reimbursed.
5. The county authority shall ensure that the DMHAS Office of Planning, Research,

Evaluation, and Prevention approves any and all subcontracts, MOAs, MOUs or any other instrument of agreement with each third party service provider prior to the service start date.

L. Fiscal Requirements

1. The county authority shall assure that all subcontracted third party service providers have been informed and apprised of the applicable Cost Principles governing subcontracts as appropriate under one or more of the following general categories:
 - a. State and Federal Governments
 - b. Non-profit Organizations
 - c. Educational Institutions
 - d. Hospitals
 - e. For Profit Organizations
2. The county authority shall maintain records of the county process for procuring any third party services. This process shall ensure that the county authority, or contractor, and any third party treatment service subcontractor are required to report admission, discharge, and other required data elements on the New Jersey Substance Abuse Monitoring System (NJSAMS).
3. The county authority shall monitor subcontractor performance to verify that services invoiced under this contract have been provided.
4. The county authority shall, in each quarter of the contract year, report the following items to DMHAS by entering into the expenditure report section of the county's PRAG the:
 - a. total cost of its direct service provision charged against this AEREF and SDF contract,
 - b. sum of service invoices it received from each subcontracted service provider,
 - c. total number of residents that it admitted to its direct service program and charged against the county AEREF and SDF account,
 - d. total number of residents each subcontracted service provider admitted to its care
5. It shall be the county authority's responsibility to establish its own administrative procedure for collecting this fiscal data and entering it into the aforementioned PRAG on the correct line for each subcontractor in the "Quarterly Expenditure Report" section of the PRAG.
6. The county authority shall monitor all third-party expenditures and ensure that at a minimum an annual financial and compliance audit is conducted and submitted to the DMHAS Office of PREP no later than 120 days after the expiration of the contract term.
7. "Payer of Last Resort" Requirement
The county authority as a direct service provider or as a purchaser of treatment services from third party providers shall verify that services funded with AEREF or SDF dollars are not reimbursable by other federal or state funding sources, including Medicaid, federal Block Grant or other special grant dollars or budgeted state or fee-for-service contracts, or by private insurance. Any discrepancies discovered via county monitoring must to be reported to the DMHAS Director, Office of PREP.
8. Program Monitoring Requirement
 - A. The county authority shall monitor all third-party expenditures and ensure that at a

minimum:

- 1) An annual financial and compliance audit is conducted and submitted to the DMHAS Office of PREP no later than 120 days after the expiration of the contract term.
 - 2) An annual on-site programmatic and fiscal records review is conducted to ensure that adequate programmatic and financial controls are in place and that the agency is in compliance with the terms and conditions of the prime contract as it relates to specific requirements contained in Annexes A and C of this contract.
- B. The county authority shall conduct annual site visits:
- 1) using the DMHAS Annual Site Visit Monitoring Review Form, or another monitoring instrument approved by the DMHAS Director, Office of PREP.
 - 2) Copies of the completed site visit monitoring review forms are to be submitted to the DMHAS Director, Office of PREP within 30 days of report completion.
 - 3) Copies of the reports are to be retained in the County Alcohol and Drug Abuse Director's office for at least three (3) years;
- C. The county authority shall conduct additional programmatic reviews of subcontractors if one or more of the indicators listed below become evident. Copies of additional programmatic reviews are to be submitted to the DMHAS Director, Office of PREP within 30 days:
- 1) non-compliance with timely submission of quarterly progress or financial reports;
 - 2) underutilization of service levels, as agreed to in the subcontract;
 - 3) unqualified additions staff, or a lack of continuing education plans for direct service staff, as stated in the subcontract;
 - 4) unmet corrective action plan from previous monitoring cycle;
 - 5) negative community or client feedback.
- D. When requested, programmatic review of subcontractors is to include cooperation and collaboration with the DMHAS Director, Office of PREP.
- E. The county authority shall notify the DMHAS Director, Office of PREP of scheduled trainings or technical assistance sessions offered to subcontractors.
- F. The county authority shall require all subcontracted treatment providers to submit monthly rosters of all clients receiving services under this contract to the county authority using the DMHAS approved roster form. The county authority shall maintain these rosters on file.
- G. Subcontracting for treatment services outside of the State of New Jersey is prohibited without prior written approval from the DMHAS Deputy Director. Requests for waivers must be in writing and demonstrate that services cannot be procured within the state of New Jersey. Out-of-state agencies must have appropriate licensure and accreditations, be accessible to county clients, and supply required programmatic and financial reports. Waiver request must be submitted to the DMHAS Director of PREP prior to executing any contracts with out-of-state provider agencies and no less than one month prior to the DMHAS contract application due date. If out-of-state waivers are granted by the DMHAS, all subcontracting requirements apply.

- H. The county authority, if providing direct services, and subcontracted service providers shall notify the CADAD of any changes in replacing key Personnel including the Executive Director, Medical Director and/or Director of Substance Abuse Counseling funded under or performing duties related to this contract, and to notify DMHAS Director, Office of PREP of any such changes as required by *N.J.A.C. 8:42A-1 et seq.* and *N.J.A.C. 10:161B-1 et seq.*

Not Applicable: Section II "County Authorities that Provide Direct Services" - not applicable to Subcontracting.

The following is applicable to Subcontractees:

Section III "County Authorities Provide Services Directly ... and Through Subgrantees"

Section III

A. County Authorities that Provide Services Directly (County Contractee) and through Subcontractees

1. The county contractee and subcontractee shall comply with the programmatic and fiscal terms and conditions described and approved by the DMHAS and/or the county, as applicable, in its contract (subcontract) application, and any other standards or special terms or conditions noted in the contract (subcontract) award. Failure to carry out the program as described in the approved application may result in suspension, termination and/or ineligibility for future funding.
2. The county contractee and subcontractee shall comply with the electronic security and privacy standards set forth under the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* and shall adhere to the standards prescribed by the *Confidentiality of Alcohol and Drug Abuse Patient Records, (42 CFR, Part 2)*. Client records must be maintained for a minimum of 10 years in accordance with *N.J.S.A. 26:8-5 et seq.* and disposed of in the manner prescribed therein. Information obtained from NJSAMS will be made public only as aggregate data which cannot be used to identify any person receiving substance abuse treatment.
3. The county contractee and subcontractee shall accurately complete the NJSAMS modules, including admission and discharge screens, within three (3) days post admission and three (3) days post discharge for any new or continuing care client who is changing level of care placement. The NJSAMS discharge screens must be completed for all clients who have completed treatment at the level of care determined at treatment admission whether the client has completed the treatment plan or not.
4. The county contractee and subcontractee shall ensure that all services provided will be documented and maintained in individual client files.
5. The county contractee and subcontractee shall ensure that all clinical and fiscal program records for the current and most recent two (2) contract periods are maintained on-site in the administrative or clinical office, and can be accessed from NJSAMS for client records

reported in NJSAMS.

6. The county contractee and subcontractee shall retain, for a period of no less than three (3) years, records of all expenditures for equipment, software, labor and service costs associated with NJSAMS reporting requirement compliance under this contract (subcontract).
7. The county contractee and subcontractee shall comply with regulations at *N.J.A.C. 8:42A-1 et seq.* and *N.J.A.C.10:161B-1 et seq.* that establish standards for outpatient and residential licensure of substance abuse treatment facilities.
8. The county contractee and subcontractee shall provide all services under this contract (subcontract) in a smoke-free environment.
9. The county contractee and subcontractee is prohibited from distributing hypodermic needles or syringes, e.g., implementing a "needle exchange" program under this contract (subcontract.)
10. The county contractee and subcontractee shall ensure, in so far as possible, that written inter-agency affiliation agreements with other agencies are established, maintained and annually updated to support the referral of clients who have special needs or require ancillary services.
11. The county contractee and subcontractee shall ensure, in so far as possible, that written inter-agency affiliation agreements with community-based providers of mental health services are established, maintained and annually updated to support the referral of clients who have co-occurring mental health treatment needs to a licensed provider capable of, at a minimum, clinical assessment, medication prescription and management on an outpatient basis. Obstacles to such affiliation agreements shall not limit the eligibility of the county contractee and subcontractee to serve as a substance abuse treatment provider but must be reported to the DMHAS Director, Office of PREP for assistance.

B. Fiscal

1. The county contractee and subcontractee shall accurately complete and submit, according to instructions and timeframes provided, all reports as required by the contracting agency, including but not limited to contract expenditure, progress and closeout reports. Counties providing direct services must submit a complete roster of all active clients to the DMHAS Office of Quality Assurance on a monthly basis on the DMHAS-approved roster form. This should be submitted to DMHAS within five (5) working days of the end of the month.
2. The county contractee and subcontractee shall disclose to its governing body all related party transactions (i.e., purchase of goods or services by the contractee/subcontractee including building or vehicle leasing) of employees, governing Board members and/or their families, and maintain a record of the disclosure(s) on the premises for DMHAS and/or county review, as applicable. In order to avoid potential conflicts of interest, all transactions of related parties must be addressed in the agency audit.
3. The county contractee shall provide staff, facilities, equipment and supplies as needed to

efficiently, economically and effectively satisfy the requirements of this contract.

4. The county contractee and subcontractee agency shall develop and maintain written policies and procedures which ensure the proper administrative controls for this contract (subcontract). Copies should be placed in a policy manual for easy access and review. The content of this manual should include protocols for communications with the governing body, and policies relating to internal controls, procurement, travel and personnel.
5. The county contractee and subcontractee shall ensure that funds made available under this contract (subcontract) will not be used to supplant other funding.
6. The county contractee and subcontractee must ensure that funds made available under this contract (subcontract) will not be used for sectarian instruction and/or purposes.
7. The county contractee and subcontractee shall ensure that reimbursement for substance abuse treatment and/or recovery support services rendered to clients who meet DMHAS income and eligibility requirements utilize the following terms and conditions:
 - a. The contractee shall ensure that these funds are utilized for the provision of services to clients who meet criteria for DMHAS publicly-funded services as outlined in the DMHAS Income Eligibility Policy TS-2-22-2010.
 - 1) The contractee shall not discharge clients in order to receive alternate clients at higher reimbursement rate.
 - 2) The program shall use the Division of Addiction Services Income Eligibility (DASIE) module to determine client eligibility for both fiscal and programmatic criteria.
 - 3) A signed copy of the DMHAS Income Eligibility Report must be kept in each individual client's file.
 - 4) The contractee shall ensure that funds made available under this agreement will not be used to supplant other funding.
 - 5) Attempts shall be made to obtain reimbursement from the client's health insurance company and ensure that there is no other payer, public or private, for the patient before and when utilizing DMHAS funding.
 - 6) When a client has other health insurance, such benefits must be used first and to the fullest extent before utilizing DMHAS funding.
 - 7) DAS funding may not be utilized for insurance co-pays.
 - b. The contractee cannot bill Medicaid or the Substance Abuse Initiative (SAI) for the same service provided on the same day.
 - c. The contractee must have a Client Sliding Fee Scale policy and procedure approved by the Board, unless no additional fees beyond the DMHAS funding amount are charged to clients. The sliding fee scale must start at "zero." A copy of the Client Sliding Fee Scale Policy and Procedure, including the Fee Schedule, must be submitted to the county for approval as part of the contract application.
 - d. The county authority may engage subcontracted service providers in single-year annually-renewable sub-contracts in all but the final year of a planning cycle. The county authority may not enter into subcontracts with any service provider beyond the final year of any planning cycle. Contract renewal must be contingent upon (1)

the county authority's evaluation of provider performance in meeting one or more stated objectives of the original or modified CCP and, therefore, (2) the continued relevance of the service provided to the implementation of the CCP.

D. Staffing

1. The county contractee and subcontractee shall ensure that all personnel hired and/or funded under this contract meet all educational and experiential requirements as stated in this contract including compliance with regulations at *N.J.A.C. 13:34C-1 et seq.* that establish minimum acceptable standards of education examination, experience, ethics and competent practice to encourage and promote quality treatment and rehabilitation for clients presenting with drug and/or alcohol addiction related disorders.
2. The county authority shall make professional planning education, substance abuse training and technical assistance opportunities available to county employees involved in County Plan development and service provision, and to the LACADA members.
3. The county contractee and subcontractee shall ensure that all staff members funded under this contract and subcontract, are available on-site during scheduled working hours unless attending off-site meetings, conferences, etc. which are directly related to contract (subcontract) operations. Staff schedules must be maintained and available for review.
4. The county contractee and subcontractee, in providing direct treatment services, shall designate the following personnel:
 - a. Experienced staff person(s) for all agencies treating youth, or women and their dependent children to assess and address issues relating to potential child abuse and neglect, and to serve as liaison with the local Division of Youth and Family Services (DYFS) or other appropriate agencies;
 - b. Staff person(s) to coordinate or provide cultural competence sensitivity skills training annually to all staff; and
 - c. Appropriate staff person (s) to attend training sessions provided or sponsored by DMHAS on the Addiction Severity Index (ASI), American Society of Addiction Medicine Patient Placement Criteria 2-R (ASAMPPC-2R). HIV counseling and testing, and other training sessions as required by DMHAS.

D. Criminal Background Checks

1. The county contractee and subcontractee shall ensure that full state-level criminal background checks are initiated at the time of employment for all employees, staff, volunteers, interns and any other subcontractees or service providers who routinely interact with clients to provide any treatment, prevention, and recovery support services, including transportation, funded under this contract.
2. The county contractee and subcontractee shall ensure that full state-level background checks supported by fingerprints are initiated at the time of employment for all employees, staff, volunteers, interns and any other subcontractees or service providers who routinely interact with adolescent clients or minor children to provide treatment,

prevention, and recovery support services, including transportation and childcare, funded under this contract.

3. The county contractee and subcontractee shall ensure that documentation of completed background checks are maintained in staff personnel files.
4. The county contractee and subcontractee providing direct client services may use DMHAS contract funds to support the cost of required criminal background checks. The county authority shall submit with the final expenditure report for this contract year a listing of related costs. The county authority may opt to cost-share the expense of required criminal background checks with its subcontractees.

E. Admissions Priority Criteria

1. The county contractee and subcontractee shall ensure that all individuals admitted to treatment are properly assessed, and meet the admission criteria outlined in the contractee (subcontractee) policy manual.
2. The county contractee and subcontractee shall maintain a written policy regarding priority for admissions. This policy shall be visibly posted in a visible location within the agency. The contractee (subcontractee) shall at all times grant admission to treatment for priority populations in the following order:
 - a) Injecting drug using pregnant women;
 - b) Pregnant women;
 - c) Injecting drug users;
 - d) all other alcohol and drug users.
3. If a county contractee and subcontractee is at full capacity and unable to admit an IVDU pregnant woman or pregnant woman presenting for admission, it shall immediately refer the individual to another facility or make interim services available within 48 hours. At a minimum, interim services include counseling and education about:
 - a) HIV and Tuberculosis (TB),
 - b) risks of needle-sharing for both acquiring and transmitting HIV infection to sexual partners and infants,
 - c) steps to take to ensure that HIV and TB transmission does not occur,
 - d) referral for HIV or TB treatment services.
 - e) effects of alcohol and drug use on the fetus
 - f) referral for prenatal care.

F. Clinical Services and Records

1. The county contractee and subcontractee shall ensure that treatment services under this contract (subcontract) are provided in accordance with regulations at *N.J.A.C. 13:34C-1 et seq.*, *N.J.A.C. 8:42A-1 et seq.* and *N.J.A.C. 10:161B-1 et seq.*
2. The county contractee and subcontractee shall maintain an adequate client record system for all services provided under this contract in accordance with all applicable licensure and contractual requirements. This record system shall be available for review and include but not be limited to:
 - a) Adequate documentation to support first-and third-party billings, including

- eligibility for cost sharing and Medicaid reimbursement;
- b) Client assessment using the ASI;
 - c) Documentation of client level of care determination according to the ASAMPPC2-R; DSM IV-TR diagnosis;
 - d) Household income assessment using the DMHASIE;
 - e) Physical examination/medical assessment, including TB testing as required by regulation;
 - f) Treatment plan with specific goals and measurable objectives, reviewed and updated as clinically indicated and no less frequently than required by regulation;
 - g) Tobacco use identified and addressed in the client's treatment plan;
 - h) Individual and group counseling and progress notes;
 - i) Education/didactic session notes;
 - j) Acknowledgment of HIV counseling and testing authorization signed by client;
 - k) Attendance sheet signed by client;
 - l) Discharge/Continuum of Careplan.
 - m) NJSAMS modules, including admission and discharge screens;
 - n) Signed authorization(s) to allow transfer of the NJSAMS client record for all clients who are referred for continuing care to another substance abuse treatment provider.
3. The county contractee and subcontractee shall seek client approval to include the client's family and/or support system in the process for admission, treatment and discharge planning.
 4. The county contractee and subcontractee shall offer all clients HIV testing, including the mandatory pre-test and post-test counseling, either on-site or by means of referral for same.
 1. HIV testing must be offered at the time of admission and every six (6) months thereafter. HIV testing will not be required for admission to treatment; clients have the right to refuse it, but they should be strongly encouraged to be tested. Pre- and post-test counseling, testing or test refusal by a client shall be documented in the client record.
 2. The county contractee and subcontractee shall ensure that all clients testing positive for HIV, or who self-report as HIV positive, receive an initial referral for appropriate HIV medical treatment, and should be referred at least quarterly for a follow-up consultation. It is the responsibility of the Medical Director (or the Executive Director in the case where a program does not have a Medical Director) to ensure that clients receive referral to medical care for their HIV disease at an Early Intervention Program (EIP), HIV Care Center, or by a qualified physician selected by the client.
 3. The county contractee and subcontractee shall ensure that clients found to be unemployed at the time of intake will be referred for vocational testing to the Division of Vocational Rehabilitation (DVR), County One-Stop Employment Center or other appropriate agency. Client records must document referral and follow-up on all vocational referrals.

4. The county contractee and subcontractee shall maintain full utilization of services funded through this contract without exceeding any approved DMHAS licensed capacity, as applicable. Utilization must be demonstrated through the maintenance of an up-to-date DMHAS-approved roster of active clients which includes at a minimum the following data elements:
 - a) Client ID #
 - b) Date of Admission to Treatment
 - c) Discharge Date
 - d) Family Income
 - e) Family Size
 - f) Treatment Modality/Level of Care
 - g) Payer Source(s) e.g., DMHAS, County, Work First, Medicaid, Insurance, Self-pay,
 - h) Total number of days of service at this level of care

G. Clinical Supervision

1. The county contractee and subcontractee shall ensure that clinical supervision in accordance with regulations at *N.J.A.C. 13:34C-1 et seq.*, *N.J.A.C. 8:42A-1 et seq.* and *N.J.A.C. 10:161B-1 et seq.* is provided for all treatment services funded through this contract.
2. The county contractee and subcontractee shall ensure that all clinical supervision is documented and that such documentation includes, at a minimum, the type of supervision (individual or group), the date and length of session, name of supervisor and supervisee, de-identified notes on cases reviewed, and content of supervision including core functions and knowledge, skills, and abilities that are the focus of supervision.

Section IV: South Jersey Initiative

1. The county authority shall ensure that the funding designated on the Contract Information System (CIMS) in the DAS Service Type of Transportation Counties, aka "South Jersey Initiative (SJI)", shall be used to purchase transportation for clients who meet the DMHAS income eligibility criteria and the following:
 - 1) adolescents ages 13 through 18
 - 2) young adults ages 18 through 24
 - 3) A resident in one of the following counties: Atlantic, Camden, Cumberland, Gloucester, Cape May, Ocean and Salem

Section V: Detoxification

1. The county authority shall ensure that detoxification providers are to have the applicable license (Department of Health and Senior Services license for hospital-based sub-acute care detoxification services; Department of Human Services, DMHAS license for substance abuse treatment facilities providing sub-acute detoxification services) to operate a detoxification program on or before the effective date of the county contract/subcontract.
2. The county contractee and subcontractee shall ensure that funding designated on the CIMS, in the categories of "Special Appropriation, Detoxification" and "Supplemental, Detoxification" shall not be used to offset or supplant other current funding allocations for detoxification services, but rather, it shall be used for enhancement or expansion of

existing sub-acute detoxification services.

3. This funding shall also be used to ensure that the following quality assurance standards are met in accordance with this contract:
 - a. Clients must have access to detoxification services 24 hours per day, seven (7) days per week.
 - b. The detoxification programs must document clinical necessity for the services provided in the client file, including:
 - 1) completed ASI;
 - 2) evidence-based withdrawal risk assessment tools such as the Clinical Institute Withdrawal Assessment (CIWA), Clinical Institute Narcotic Assessment Scale for Withdrawal Symptoms (CINA), Clinical Opiate Withdrawal Scale(COWS), etc.
 - 3) completed NJSAMS admission and discharge forms.
 - c. Client's yearly limits for detox are as follows:
 - 1) Level IV.D is 15 days per calendar year
 - 2) Level III.7D is 25 days per calendar year
 - e. The detoxification allocations are for sub-acute ASAM PPC-2R Level III.7D or Level III.7DE enhanced sub-acute detoxification services. The DMHAS will allow expanded use of detoxification funds for residential care under the following conditions:
 - 1) one or more patients has completed sub-acute detoxification and is seeking residential care,
 - 2) county allocation for residential care has been exhausted, and the annual allocation for residential care has been equal to or above the previous year's allocation
 - 3) the county submits a written request to the DMHAS Office of PREP for approval to use detoxification funds for residential services.
 - f. A maximum of ten percent (10%) of the supplemental allocation may be used to transport indigent clients to detoxification programs, or, following completion of detoxification, to rehabilitative treatment.
5. The county contractee and subcontractee shall understand that detoxification of adolescents (<18 years of age) is permitted based on clinical necessity. Clinical necessity shall be clearly documented in the client's file. Household income guidelines also apply to adolescents. Programs admitting adolescents must comply with all laws and regulations applicable to adolescent consent and authorization for service.
6. The county contractee and subcontractee shall ensure that funding supports services for ASAM PPC-2R Level III.7D or Level III.7DE detoxification. The services may be hospital-based or non- hospital based.
7. The county contractee and subcontractee shall ensure that clients receiving detoxification services are to be connected to continuum of care treatment services to ensure appropriate linkage and reduce recidivism. Contracts can be structured to incentivize provider agencies to ensure that detox clients are transitioned to the next level of care. Incentives shall be allowed with prior written approval from DMHAS Director, Office of PREP.

8. The contractee and subcontractee shall ensure that client treatment plans address continuing care needs, along with a client agreement to ongoing treatment, upon admission to a detoxification program.
9. The contractee and subcontractee shall ensure that formal, written affiliation agreements, for emergency services and other levels of detoxification or crisis care, are in place and maintained on file.
10. The contractee and subcontractee shall make arrangements for, and document referral and transfer of, clients with medical complications. Triage to other services shall be performed on all clients admitted for detoxification services.
11. The contractee and subcontractee shall ensure that protocols are to be in place to serve special populations such as pregnant women, non-English speaking persons, and persons with physical, sensory, developmental and/or cognitive disabilities.
12. The county authority planning to avail its residents of ambulatory detoxification services shall obtain prior written approval from the DMHAS Director, Office of PREP. All such written requests will be made on a county-by-county basis.

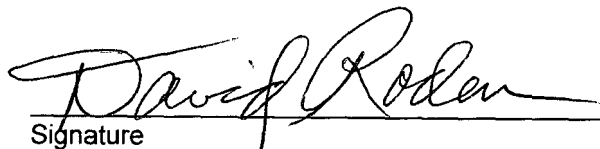
NOT APPLICABLE to Subcontracts- ADDENDUM A: Accounting Rules
(County Matching Funds)

ATTACHMENT D
NEW HOPE FOUNDATION, INC.
NJ-DAS ASAM SERVICE DESCRIPTIONS

Below is a list of DAS Service Descriptions that are included in DAS Fee-for-Service (FFS) Initiatives Annex A1. Please initial the description for each ASAM Level of Care for which your agency is licensed requests consideration for inclusion in the DAS FFS Initiative Network.

ASAM Levels of Care	Please initial the appropriate box
Outpatient	No
Intensive Outpatient	No
Partial Care	No
Short Term Residential	YES
Long Term Residential	No
Halfway House	YES
Detoxification	YES
Medically Monitored Inpatient Detoxification	YES

I understand and agree to deliver the services according to the contract Document Annex A1. I have reviewed these contract requirements with our agency staff and affirm that our agency policies and procedures support adherence to these requirements. I understand that our agency will be monitored by DAS for adherence to these contract requirements.


Signature

2/8/16
Date

David Roden
Print Name

Title VP & COO

DEFINITIONS OF SUBSTANCE ABUSE TREATMENT COMPONENTS

Counseling/Therapy Services

Individual Counseling Session:

Counseling provided on an individual basis to clients with a substance abuse or dependence diagnosis which includes therapeutic and supportive interventions designed to: motivate the client for recovery from addictive disease, facilitate skills for the development and maintenance of that recovery, improve problems solving and coping skills, and develop relapse prevention skills. Session content and structure are designed in accordance with client's treatment. Individual counseling can be delivered by a CADC, an alcohol and drug counselor intern or credentialed intern under the supervision of a qualified clinical supervisor per N.J.A.C. 13:34C-6.2, or by a New Jersey licensed behavioral health professional who is also credentialed to provide therapy in accordance with the DAS Service Descriptions. 1 hour = 1 unit

Individual Therapy Session:

The treatment of an emotional disorder, including a substance abuse disorder, as identified in the DSM through the use of established psychological techniques and within the framework of accepted model of therapeutic interventions such as psychodynamic therapy, behavioral therapy, gestalt therapy and other accepted therapeutic models. These techniques are designed to increase insight and awareness into problems and behavior with the goal being relief of symptoms, and changes in behavior that lead to improved social and vocational functioning, and personality growth. Individual Therapy must be provided by: Licensed Clinical Psychologist, Certified Nurse Practitioner-Psychiatric and Mental Health (CNP-PMH), Advanced Practical Nurse-Psychiatric and Mental Health (APN-PMH), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), or Licensed Marriage and Family Therapist (LMFT). 1 hour = 1 unit.

Group Counseling:

Counseling provided on a group basis to clients which uses group processes and supports to: motivate the client for recovery from addictive disease, facilitate skills for the development and maintenance of that recovery, improve problems solving and coping skills, improve intra and inter personal development and functioning, and develop relapse prevention skills. Session content and structure are designed in accordance with client's treatment plan. Group counseling can be delivered by a CADC, an alcohol and drug counselor intern or credentialed intern under the supervision of a qualified clinical supervisor per N.J.A.C. 13:34C-6.2, or by a New Jersey licensed behavioral health professional who is also credentialed to provide therapy in accordance with the DAS Service Descriptions. 1 hour= 1 unit

Family Counseling:

Counseling provided to the family unit, with or without the client present, to impart education about the disease of addiction, elicit family support for the client's treatment, encourage family members to seek their own treatment and self-help, assess the clients environment during or after treatment and to assess the client's functioning outside of the treatment environment. Family counseling can be delivered by a CADC, an alcohol and drug counselor intern or credentialed intern under the supervision of a qualified clinical supervisor per N.J.A.C. 13:34C-6.2, or by a New Jersey licensed behavioral health professional who is also credentialed to provide therapy in accordance with the DAS Service Descriptions. 1 hour =1 unit

Family Therapy:

Treatment provided to a family utilizing appropriate therapeutic methods to enable families to resolve problems or situational stress related to or caused by a family member's addictive illness. In this service, the family system is the identified client and interventions are targeted to system change. Family and Individual Therapy must be provided by: Licensed Clinical Psychologist,

Certified Nurse Practitioner-Psychiatric and Mental Health (CNP-PMH), Advanced Practical Nurse-Psychiatric and Mental Health (APN-PMH), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), or Licensed Marriage and Family Therapist (LMFT). 1 hour = 1 unit.

Psychoeducation

Psychoeducation is the education of a client in way that supports and serves the goals of treatment.

Didactic Session:

Group session that involves teaching people about the disease of addiction, how to treat it, and how to recognize signs of relapse so that they can get necessary treatment and support services.

1 hour = 1 unit

Family Education and Information:

Family Education and Information is the education of the family in a way that services the goals of the identified client. Family Education and Information involves teaching family members of identified clients about the disease of addiction, how the disease affects the family, how to support the client's recovery and how to find services and treatment for the family members. 1 hour = 1 unit

**CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL TREATMENT
HALFWAY HOUSE SUBSTANCE ABUSE TREATMENT
Level III.1**

In addition to the DAS Service Requirements stated in the Division of Addiction Services (DAS) Network Annex A, Clinically Managed Low Intensity Residential Substance Abuse Treatment Halfway House Substance Abuse Treatment contractees shall comply with the following parameters.

Definition: Halfway House Substance Abuse Treatment is provided in a licensed residential facility which provides room, board, and services designed to apply recovery skills, prevent relapse, improve emotional functioning, promote personal responsibility and reintegrate the individual into work, education and family life. Halfway house services must be physically separated from short term and long term program. In addition, clinical services must be separate from short term and long term residential services. **This modality includes no less than 5 hours per week of counseling services.** A minimum of 7 hours per day of structured activities must be provided on each billable day. (Note: Self-help meetings may be included as part of structured activities. This care approximates ASAM PPC-2 Level III.1 care.

Medical Services: Must be provided as per licensing requirements.

Counseling/Therapy Services:

- Individual: 1 hour/week minimum.
- Group: 3 hours/week minimum.
- Family: To be included during course of treatment as clinically indicated.

Psychoeducation:

- Didactic sessions: 1 hours/week minimum.
- Family education and information sessions as clinically indicated.

Structured Activities: 7 hours a day required. Example of activities:

- a. Counseling Services
- b. Psycho Education
- c. Employment
- d. Vocational Training
- e. Recovery Support Services
- f. Recreation

**MEDICALLY MONITORED INTENSIVE INPATIENT TREATMENT
SHORT TERM RESIDENTIAL SUBSTANCE USE TREATMENT**

Level III.7

In addition to the DMHAS Service Requirements stated in the Division of Mental Health and Addiction Services (DMHAS) Network Annex A, Medically Monitored Intensive Inpatient Substance Use Treatment Short Term Residential Substance Use Treatment contractees shall comply with the following parameters.

Definition: Short Term Residential Substance Use Treatment is provided in a licensed short term residential facility which provides a highly structured recovery environment, combined with a commensurate level of professional clinical services, designed to address specific addiction and living skills problems for persons who are deemed amenable to intervention through short-term residential treatment. Short Term Residential treatment must include no less than 12 hours per week of counseling services on at least 6 separate occasions. A minimum of 7 hours of structured programming must be provided on a billable day. (Note: Self-help meetings may be included as part of structured activities.) This care approximates ASAM PPC-2 Level III.7 care.

Medical Services: Must be provided as per licensing requirements.

Counseling/Therapy Services:

- Individual: 2 hour/week minimum.
- Group: 10 hours/week minimum (4 sessions).
- Family: To be included during course of treatment as clinically indicated.

Psycho-education:

- Didactic sessions: 8 hours/week minimum.
- Family Education and Information sessions as clinically indicated.

Structured Activities: 7 hours a day required. Example of activities:

- a. Counseling Services
- b. Psycho-education
- c. Vocational Training
- d. Recovery Support Services
- e. Recreation

MEDICALLY MONITORED INPATIENT DETOXIFICATION Level III.7D

In addition to the DMHAS Service Requirements stated in the Division of Mental Health and Addiction Services (DMHAS) Network Annex A, Medically Monitored Inpatient Detoxification Substance Use Treatment contractees shall comply with the following parameters.

Definition: Medically Monitored Inpatient Detoxification is an organized service delivered by medical and nursing professionals, which provides 24-hour medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds. Services are delivered under a defined set of physician-approved policies and physician monitored procedures for clinical protocols. This level provides care to patients whose withdrawal signs and symptoms are sufficiently severe to require 24-hour medical monitoring care. Detoxification includes 2 hours per week of counseling services. (Note: Self-help meetings may be included as part of daily activities) This care approximates ASAM PPC-2 Level III.7D care.

Medical Services: Must be provided in the facility under the supervision of a Medical Director. All other licensing requirements for medical services must be followed.

Counseling/Therapy Services:

- Individual: 1 hour/week minimum.
- Group: 1 hour/week.

Psycho-education:

- Minimum of two hours per detox episode.

MEDICALLY MONITORED INPATIENT DETOXIFICATION ENHANCED

111.7D Enhanced

(NOTE: For purposes of the Gloucester County Contract Which Funds Partially Enhanced Detox, Services Shall Include All Requirements of Detox Level III.7D and Some Components of Enhanced Detox as Defined Below, Varying Per Client as Needed, as Appropriate, - Non Wavering on the Affiliation Agreement and Procedures in Place With an Acute Care Hospital That Ensures Seamless Transfer of the Patient to the Acute Care Setting if Necessary)

In addition to the DMHAS Service Requirements stated in the Division of Mental Health and Addiction Services (DMHAS) Network Annex A, Medically Monitored Inpatient Detoxification Enhanced Substance use Treatment contractees shall comply with the following parameters.

Description: Medically Monitored Inpatient Detoxification Enhanced is an organized service delivered by medical and nursing professionals, which provides 24-hour medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds. Services are delivered under a defined set of physician-approved policies and physician-monitored procedures for clinical protocols. This level provides care to patients whose withdrawal signs and symptoms are sufficiently severe enough to require 24-hour medically monitored care. **Detoxification includes substance use assessment, medication monitoring and two (2) hours per week of counseling services.** (Note: Self-help meetings may be included as a part of daily activities)

This care approximates ASAM PPC-2 Level III.7D care but enhances that level to include the ability to treat the following: 1) individuals with co-occurring disorders; 2) pregnant women; 3) poly-addicted persons, including those addicted to benzodiazepines; 4) individuals who may or may not be on opiate replacement therapy; and 5) clients with non-life-threatening medical condition(s) that do not require the services of an acute care hospital.

In order to accommodate this increased acuity in patients being treated in this service, the facility must have an affiliation agreement and procedures in place with an acute care hospital that ensures the seamless transfer of the patient to the acute care setting, if clinically necessary.

Required Staff: Must be provided in the facility under the supervision of a Medical Director. All other licensing requirements for medical services and co-occurring services must be followed.

Required Medical Services:

- Full medical assessment.
- Ongoing medical services including medication monitoring.
- Pregnancy test for all women.
- 24 hour nursing services.
- 24 hour access to physician.

**ATTACHMENT E
NEW HOPE FOUNDATION, INC.
PACADA REQUIREMENT**

Statement of Adherence to attend three (3) of the four (4) Gloucester County Provider's Advisory Committee on Alcoholism and Drug Abuse (PACADA) meetings during the term of this calendar year contract.

I am aware that it is a condition of this contract that a representative of this agency be in attendance and participate in at least 3 of the 4 annual PACADA meetings which will be held during the term of this contract and I agree that we will comply with this condition.

Signature David Roden

Please Print Name: David Roden

Date: 2-8-16