



STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES

**REQUEST FOR PROPOSALS**

**FOR**

**REGIONAL CRISIS STABILIZATION AND ASSESSMENT SERVICES  
FOR YOUTH WITH INTELLECTUAL AND DEVELOPMENTAL  
DISABILITIES ELIGIBLE OR PRESUMPTIVELY ELIGIBLE UNDER  
N.J.A.C. 10:196**

**Annualized Funding up to \$ 2,912,700 Available for up to 3 Awards**

Bidders Conference: April 4, 2014

Time: 2 PM

Place: The Professional Center at DCF

30 Van Dyke Avenue

New Brunswick, NJ 08901

Deadline for Receipt of Proposals: April 29, 2014 at 12:00 PM

Allison Blake, PhD., L.S.W.

Commissioner

March 7, 2014

## TABLE OF CONTENTS

### Section I - General Information

A. Purpose	Page 3
B. Background	Page 4
C. Services to be Funded	Page 4
D. Funding Information	Page 24
E. Applicant Eligibility Requirements	Page 24
F. RFP Schedule	Page 25
G. Administration	Page 26
H. Appeals	Page 29
I. Post Award Review	Page 29
J. Post Award Requirements	Page 29

### Section II - Application Instructions

A. Review Criteria	Page 30
B. Supporting Documents	Page 37
C. Requests for Information and Clarification	Page 39

**Exhibit A**  
**Exhibit B**

**Funding Agency**

State of New Jersey  
Department of Children and Families  
50 East State Street, 3rd Floor  
Trenton, New Jersey 08625

**Special Notice:** *Potential Bidders must attend a **Mandatory Bidder's Conference** at:*

The Professional Center at DCF  
30 Van Dyke Avenue  
New Brunswick, NJ 08901

**The MAIN PHONE NUMBER is: 732-448-6300**

**Conference Begins at 2PM on April 4, 2014**

*Questions will be accepted in advance of the Bidder's Conference until April 3, 2014 at 12 pm by providing them via email to [DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us)*

**Section I – General Information**

**A. Purpose:**

The New Jersey Department of Children and Families' (DCF) announces the availability of funding for the purpose of providing out of home Crisis Stabilization and Assessment services located regionally for youth with intellectual and developmental disabilities eligible or presumptively eligible under N.J.A.C 10:196. Funding is subject to State fiscal year appropriations. The annualized funding available is \$2,912,700. The per diem rate is \$532 per day.

The goal is to create short-term, highly structured environments with professional competencies and capabilities to stabilize youth with intellectual and developmental disabilities (I/DD), ages 16-20 yr. old (males/females) in crises and provide a treatment milieu that is functionally relevant while diagnostic assessments that will result in the identification of an appropriate living situation (in-home/out-of-home), services, and supports that meet the youth's needs are conducted. To that end, DCF is seeking proposals from private or public non-profit entities and for profit organizations to provide Crisis Stabilization and Assessment services to youth with I/DD through its Children's System of Care (CSOC). This announcement seeks to maximize the utilization of Crisis Stabilization and Assessment services through a transparent and contracted clinical model paired with a rate structure consistent with national best practices.

Respondents are to provide details regarding operations, policy, procedures, and implementation of their proposed program (s). Programs shall be operational within 90 days of being awarded. Extensions will be available by way of written request to the CSOC Division Director. **Awards are subject to be rescinded if not operationalized within 6 months of RFP award.**

## **B. Background:**

DCF is the state's first comprehensive agency dedicated to ensuring the safety, well-being and success of children, youth, families and communities. Our vision is to ensure a better today and even a greater tomorrow for every individual we serve.

CSOC serves children, youth and young adults with emotional and behavioral health care challenges, intellectual/developmental disabilities, and substance abuse challenges and their families. CSOC is committed to providing these services, based on the needs of the child and family, in strength-based, family-focused and culturally competent, community-based environments. CSOC believes that the family or caregiver plays a central role in the health and wellbeing of children, youth and young adults. CSOC involves families/caregivers/guardians throughout the planning and treatment process in order to create a service system that values and promotes the advice and recommendations of the family, is family-friendly, and provides families the tools and support needed to create successful life experiences for their children.

## **C. Services to be Funded:**

The grantee for this request for proposal is expected to provide a comprehensive array of supports and services to operationalize a short-term Crisis Stabilization and Assessment services program for children, youth and young adults with I/DD. Funding is available for up to three, five-bed Crisis Stabilization and Assessment programs for males and females, age 16 through 20 (up to 21st birthday). The facility may house both males and females.

The objectives for each program are to:

- Stabilize the immediate crisis
- Engage with the youth so that she/he feels as comfortable as possible in a new setting
- Provide a safe and warm environment for youth with intensive support and supervision

- Provide comprehensive diagnostic assessments that result in an individualized service plan (ISP) that is strength-based, child/youth/young adult centered, family-focused and goal-oriented
- Outline short term stabilization goals while pursuing plans for long term stabilization at home or in an alternate out of home living situation
- Initiate the ISP within 30 days of admission
- Initiate, prior to the youth's transition from the program, a skill building routine in preparation for his/her return home or to an alternate out of home living situation
- Provide transportation if needed to bring the youth to the program

The projected length of stay is anticipated to be 90 to 120 days. It may certainly be shorter.

Crisis Stabilization and Assessment Services will be provided in community based homelike settings. **Programs are preferred to have bi-lingual capacity and full wheelchair accessibility, entrance and egress.**

**Number of Emergency Diagnostic Residential and Stabilization services programs/locations:** Three 5-bed programs located regionally: one each in Northern, Central, and Southern New Jersey, will be awarded. Applicants must indicate the region that is being applied for. One proposal for each region must be provided. Regions cannot be combined in one proposal.

Northern Region defined as the following 8 counties: Hunterdon, Warren, Sussex, Morris, Passaic, Bergen, Essex, and Hudson.

Central Region defined as the following 6 counties: Mercer, Monmouth, Ocean, Middlesex, Somerset, and Union.

Southern Region defined as the following 7 counties: Burlington, Camden, Gloucester, Salem, Cumberland, Atlantic and Cape May.

**Number of Bedrooms:** No more than two youth per bedroom; preferably single bedrooms. One bonus point per single bedroom will be awarded (maximum 5 points) per program. At least one bedroom **MUST** be located on the 1st floor and be ADA compliant OR at least be barrier free.

**Admission Criteria:**

- The youth must be eligible or presumptively eligible for CSOC DD functional services pursuant to N.J. A. C. 10:196. Youth who were determined eligible for functional services by the Division of Developmental Disabilities (DDD) need not re-apply for a

determination of eligibility for CSOC functional services. The CSOC will accept the DDD eligibility determination regarding whether the youth has a developmental disability.

- The youth may present with intellectual, communication, motor, Autism Spectrum Disorder, and may or may not have a co-occurring mental health disorder.
- The youth may present with medical and/or physical disabilities including but not limited to: seizure disorder, cerebral palsy, diabetes, feeding tube, and/or adaptive equipment such as a wheel chair
- Behaviors may include but are not limited to: noncompliance to verbal/written directions; tantrums; elopement; property destruction; physical/verbal aggression; pica; self-injurious behaviors; and inappropriate sexual behaviors. Certain behaviors (such as recent fire setting and sexual aggression) will need to be considered on a case by case basis.
- The youth is determined to be in need of Crisis Stabilization services as evidenced by **one** of the following:
  - Family/caregiver is homeless or at imminent risk of homelessness (within 30 days)
  - Family/caregiver is unable due to medical or legal emergency (documentation required)
  - Child or youth is being removed from the home by DCP&P or Adult Protective Services (APS) as a result of issues of abuse or neglect
  - Child or youth was deemed by local screening center as not in need of hospitalization but family/caregiver will/cannot take youth home

**OR**

- The youth is determined to be in need of Crisis Stabilization services as evidenced by **both** of the following:
  - Child, youth, or young adult is not sufficiently stable to be cared for in his/her home (i.e. the youth poses a risk to him/herself or others and Child, youth, or young adult is unable to adequately function in significant life domains: family, school, social, or recreational/vocational activities due to his or her co-occurring diagnosis or intellectual/developmental disability and requires crisis stabilization, close supervision, assessment and targeted clinical/behavioral interventions

## **Program Description:**

**The awardee (s) for this program is expected to demonstrate the capacity and capability to provide stabilization support and services; diagnostic assessments; therapeutic habilitative and rehabilitative supports and services as well as individualized behavioral supports and services specific to eligible youth with intellectual and development disabilities based on individual need including but not limited to:**

## **Assessment:**

Diagnostic assessments are an essential component for the establishment and identification of an appropriate living situation (in-home/out-of-home), services, and supports to meet the youth's needs. Appropriate assessments include but are not limited to:

- Medical Assessment
- Applied Behavior Analysis- Functional Behavioral Assessment and related assessments, e.g. preference assessments, reinforcer assessments;
- Level of Functioning in the six major life areas, also known as Activities of Daily Living (ADL), as measured by the Vineland-II or other similar accepted tool;
- Bio-psychosocial Assessment;
- Neurological Evaluation
- Psychosexual evaluation;
- Neuropsychological evaluation;
- Psychiatric evaluation as needed/medication evaluation;
- Other assessment tools as indicated; clinicians must be familiar with the array of considerations that would indicate preferred assessment methods over others.

## **Treatment:**

All Crisis Stabilization services and interventions must be directly related to the goals and objectives established in each youth's Individual Service Plan (ISP). CSOC believes that family/caregiver involvement is extremely important and, unless contraindicated, should occur from the beginning of treatment and continue as frequently as possible, as determined appropriate in the ISP.

The ISP shall identify the youth's interests, preferences and needs in the following areas, as determined appropriate by the youth, family and the Child/Family Team: physical and emotional well-being, risk and safety factors, medical, nutrition, personal care needs, adaptive and independent

living abilities, vocational skills, cognitive and educational abilities, recreation and leisure time, community participation, communication, religion and culture, social and personal relationships and any other areas important to the youth and their family. Treatment modalities will focus on assisting the youth in achieving greater independence and fulfillment in their lives, while improving their functioning, participation and reintegration into the family home or transitioning to an alternate out of home living situation.

The ISP is an integrated plan of care which also includes:

- Individual behavioral supports such as Positive Behavioral Supports; Discrete Trial Training (DTT); training/coaching for the youth/young adult and caregivers/staff to meet the individual's behavioral needs.
- Referrals for medical, dental, neurological, physical therapy; occupational therapy; sensory integration; speech/language/feeding or other identified evaluations.
- Appropriate augmentative and alternative communication supports and functional communication training, e.g. visual schedules, contingency maps, Picture Exchange Communication System (PECS), wait signal training.

The Functional Behavioral Assessment and development of a Behavioral Support Plan shall be an integral part of the treatment planning process for identified youth. Interventions shall include but are not limited to:

- Instruction in learning adaptive frustration tolerance and expression, which may include anger management/emotion regulation
- Instruction in stress reduction techniques
- Problem solving skill development
- Psycho-educational services to improve decision making skills to manage behavior and reduce risk behaviors
- Social skills development
- Instruction and/or assistance in Activities of Daily Living
- Implementation of identified strategies in the individualized Behavioral Support Plan
- Support and training of parent/guardian to successfully implement Behavioral Support Plan, use of Assistive Technology, and other support services as needed in transitioning the youth/young adult back home or to an alternative living arrangement.

Through this RFP, CSOC is also asking prospective respondents to consider the continuum of care from stabilization of the initial presenting crisis to the ultimate goal of returning home or to an alternate out of home setting. Crisis



Stabilization service providers must be able to safely address complex needs and challenging behaviors including but not limited to: elopement, property destruction, physical/verbal aggression, self-injurious behaviors, pica, tantrums, noncompliance to verbal/written directions, and sexually reactive behaviors.

Services shall include, but are not limited to:

- Stabilization services and supports:
- Diagnosis
- Comprehensive crisis planning, including but not limited to: prevention, de-escalation, intervention, and debriefing;
- Behavioral management;
- Psychiatric treatment services, including routine and emergency psychiatric evaluations, medication evaluations, and prescription adjustments;
- Medication monitoring;
- Psychiatric consultation (including input into the clinical component of an individualized treatment plan developed by the multidisciplinary treatment team);
- Individual, group, and family therapy as is appropriate
- Trauma informed counseling (as indicated);
- Access to other services (such as psychological testing, vocational counseling, and medical services);
- Skill building;
- Structured recreational activities;
- Education and vocational opportunities including linkage to the youth's current school;
- Coordination with the Child Study Team;
- Transition planning for this target population, ages 16-20

Respondents are to provide details regarding operations, policy, procedures, and implementation of the Crisis Stabilization and Assessment services to be provided. DCF CSOC will support respondents who successfully operationalize the principles of individualized, needs driven, and family focused care, identify strengths based strategies and display sustainable progress throughout the course of treatment. Models of service delivery that promote persistence and creativity of professional staff are valued. Service delivery models must pay particular attention to ensure youth have a stable, familiar, consistent, and nurturing experience. Respondents can demonstrate this attention in their descriptions of staffing patterns, how they intend to recruit and retain staff, particularly direct care, site design, and utilization and the type, scope, and frequency of family involvement. Services that are demonstrated as effective through research, evidence-based, informed, or suggested, are required.

CSOC is particularly concerned with the management, treatment, and sequelae of trauma that affects so many youth. Youth who present with challenges requiring services should also be understood in terms of their experiences of trauma and consequent difficulties in forming and maintaining healthy attachments. Studies indicate that children with disabilities are more likely to experience abuse/neglect and are at an increased risk for becoming involved in the child welfare system. Individuals with developmental disabilities have historically been subjected to other types of traumatic events, including:

- Separation from primary relationships at an early age
- Frequent moves from residential placements
- Frequent staff changes
- Institutionalization
- Degradation
- Significant medical issues/procedures
- Extended hospitalizations

Respondents must describe models of intervention that actively treat underlying trauma and consequent attachment issues. Many individuals exhibit symptoms of PTSD, which is thought to be significantly under diagnosed in individuals with intellectual/developmental disabilities. Increased isolation and fewer social opportunities can contribute to low self-esteem/less opportunity to learn about abuse prevention. Respondents must be cognizant of this fact and describe how they plan to assure the safety of this vulnerable population.

All youth shall be required to receive **documented daily** contact with a Board Certified Behavior Analyst (BCBA **and documented daily** clinically licensed professionals who are in regular consultation with a psychiatrist. While youth may not receive individualized therapy on a daily basis, they will be assigned a therapist who will provide case management, individual, group and family therapy that may consist of modified treatment strategies depending on youth developmental stage. The BCBA will however provide daily observation, written assessments and intervention when needed in support of the youth and direct care staff. Providers are encouraged to utilize up to date knowledge and evidence based interventions designed to address the treatment needs of youth with I/DD. Treatment/intervention is provided with the understanding that good mental health and positive relationships are essential to the overall health of the youth. The overriding goal of the Crisis Stabilization and Assessment service is to facilitate adaptive skills, social skills and life skills so that the youth can live, learn and participate in their communities with sufficient coping mechanisms. With these tenets in mind, CSOC requires that all Crisis Stabilization and Assessment service providers comply with the following programmatic requirements and operational criterion:

### **Course and Structure of Treatment:**

Of primary importance is the establishment of a multi-disciplinary treatment team with specific and delineated functions. For the purpose of this RFP, the treatment team **must** include, but is not limited to the following individuals:

- Youth
- Family members
- Natural supports as identified and selected by youth, and family when possible
- CSOC Care Management entity (DD Consultants or CMO)(if applicable)
- DCP&P Case Management entity (if applicable)
- CSOC Mobile Response and Stabilization Services, if applicable
- Psychiatric Care Provider\*
- Nurse (Supervising RN)
- Allied Therapist(s)
- Behavior Analyst (BCBA)
- Direct care staff
- Educational professionals
- Licensed clinicians (LCSW, LPC, LMFT, PhD Psychologist)
- Program Coordinator/Recruiter

\*A psychiatric care provider is a Child and Adolescent Board Certified Psychiatrist or an Advanced Practice Nurse (APN) with a psychiatric specialty who's Collaborative Agreement describes the population of youth served, the likelihood of complex and/or emergent psychiatric decision making, and the availability of an M.D. for consultation. For the purpose of this RFP, where the term, "psychiatrist" is used, an APN that meets these standards is also acceptable.

Prior to Admission:

- The CSOC Adaptive Behavior, Health and Safety Risk Assessment must be completed:

<http://www.performcarenj.org/pdf/families/form-b-cabs.pdf>

Within the first 24 hours of admission:

- The IMDS Strengths and Needs Assessment will be completed
- Initial treatment and crisis plans will be completed and copies provided to the youth and family

- A nursing assessment will be completed and incorporated into the initial treatment and crisis plans
- A Pediatric assessment will be completed
- The youth and his/her family will be oriented to the services
- All necessary consents and releases will be completed and filed

Within 72 hours of admission:

- A psychiatric assessment, report and recommendations will be completed
- A psychosocial assessment and accompanying recommendations will be completed
- A Substance Abuse screen will be completed
- A comprehensive crisis plan will be developed for each youth. The crisis plan will identify triggers and provide specific interventions for staff. This crisis plan shall be updated on a regular basis and added to the ISP

Within the first week of admission:

- A treatment team meeting will be conducted and a comprehensive ISP-treatment and discharge plan that integrates all of the treatment team's input, assessments and recommendations will be completed. The ISP shall contain clearly delineated goals and objectives with specified timelines and benchmarks for success, including a detailed description of the treatment goals that must be attained in order for the youth to be considered discharge ready.
- A Nutritional screening will be completed
- A Psychological evaluation will be completed
- Educational programming and transportation will be arranged and coordinated
- A Functional Behavioral Assessment and Behavior Support Plan, will be completed for each youth and added to the ISP.

Each day:

- Comprehensive and well-documented communication regarding significant events, youth behaviors, and other relevant information will be provided for each shift
- During the change of shifts meetings will be convened to monitor the emotional state of each youth
- All youth will be properly supervised; a ratio of 1 direct care staff for every 2 youth must be maintained at all hours with a minimum of 2 awake staff on at all times - including while youth are asleep. The program must demonstrate the capacity to provide 1:1

supervision as needed. Required supervision ratios must be maintained during crisis situations

- No more than 30% of all youth waking hours will be spent in “milieu” activities
- All youth will be engaged in structured skill building activities tailored to meet their individual needs. Participation will be documented daily.
- Medication will be dispensed and monitored as needed
- Youth will be transported to medical appointments, family visits, community outings, and any other off-site requisite activities as needed
- Coordination with school transportation shall occur between the school and the awarded agency
- The BCBA will have face-to-face contact with each youth and documented “check-in” daily.
- All required documentation and activities will be provided in accordance with applicable licensing regulations and the Addendum to Administrative Order 2:05, which addresses the reporting of Unusual Incidents.

Prior to discharge:

- The team will provide a “step down” action plan that details week-to-week activities supporting a smooth and planful transition from treatment. At a minimum, the action plan must include:
  - More than two (2) meetings ( no less than 3) of the Crisis Stabilization & Assessment treatment team to discuss youth and family strengths, continuing goals, successful strategies, and potential pitfalls;
  - “Set back” plan for times during the discharge phase when youth and/or family encounter difficulties that make discharge appear less likely. This plan will identify the critical staff necessary to re-focus, rally, and support the youth and family through to discharge;
  - Action steps that youth and family will take to build on successes and achievements that were accomplished during treatment.
- For those youth being transitioned home and where a need is demonstrated, Intensive In-Home (IIH) Behavior Supports, will be built into the community plan. In order to provide for a seamless transition back home for applicable youth, the in home service provider will require access to CS&A program, approximately two weeks prior to discharge. The IIH Behaviorist would be required to gather information via observation and interaction with the youth at CS&A accompanied by the Awardee (s)’s behaviorist, (Masters

level BCBA w/1yr exp), program staff and any other treatment team members (nurse, dietician...), review clinical records, gain understanding of youth's strength and needs and family dynamics. This would be an **introduction** for the IIH behaviorist to the youth prior to going into the home and equipping the IIH Behaviorist with a strong understanding of the youth's treatment needs and behavior plan. This would enable the IIH behaviorist to train the parents on the behavior support plan and modify it where needed more quickly. The IIH familiarity with the family would provide a sense of security and increased confidence for the family. After a distinct period of time, as determined in the ISP, the IIH behaviorist would begin to titrate out and return on an as needed basis.

### **Staffing Structure:**

The following are the minimum requisite requirements and activities by staff title. These guidelines are not to be interpreted as comprehensive of the total responsibilities each staff member will manage. Applicants must demonstrate, through the proposal narrative, Annex B, and any necessary letters of affiliation that the standards outlined below will be met.

**These are minimal requirements. Proposals without the listed titles and respective required hours will not be accepted and will not move to the evaluation process.**

**A Board Certified Child Psychiatrist or Psychiatric APN in affiliation with a Board certified child psychiatrist will provide:**

- 1.25 clinical hours per week per youth; 75% of which must be face-to-face time with youth and/or families
- Psychiatric intake assessment and report (within the first week)
- Initial treatment and crisis plan (within the first 24 hours)
- Medication management meetings (monthly)
- Clinical visit with youth as needed Clinical visit with family as needed
- Attend treatment team meeting (monthly)
- 24/7 availability by contract

**Master's Degree Board Certified Behavioral Analyst, MA BCBA. The Master's degree must be in psychology, special education, guidance and counseling, social work, or in a related field with at least one year of experience in the development and implementation of behavior support plans for those identified youth.**

- 10 hours per week per youth implementing behavioral support interventions and activities, 3 hours of which could be applied toward the 6 hours per week of allied therapy.
- Applied Behavioral Analysis - Functional Behavioral Assessment and development of a Behavioral Support Plan
- Implementation of individualized Behavior Support Plan
- Positive Behavioral Supports
- Providing training and supervision to support staff providing ABA services;
- Modifying Behavioral Support Plan based on frequent, systematic evaluation of direct observational data;
- Providing coordinated support with agency staff and participating as part of the clinical team
- Attend Monthly Treatment Team Meeting

**A Pediatric Advanced Practice Nurse or Pediatrician will provide:**

- Pediatric assessment and report (within the first 24 hours)
- 24/7 availability by contract

**Direct Care staff - Bachelor's level practitioner(s) or high school graduate(s) with 3-5 years of experience providing direct care to youth with I/DD challenges in a behavioral health agency or institutional setting, will provide:**

- 84 hours per week per youth (represents multiple FTEs)
- Youth orientation (within the first 24 hours of admission)
- Milieu activities (daily)
- Community integration via focused recreational activities (weekly)
- Direct client supervision (daily)
- Attend treatment team meeting (monthly)
- Pre-Vocational skills training (5 hours per week)
- Positive Behavioral Supports (daily)
- Data collection (daily, as indicated)
- Instruction/assistance in Activities of Daily Living (daily, as indicated)
- Clinical staff/ Administrative staff/ direct care staff shall receive designated amount of advanced training annually to be provided by the agency, an outside source or if designated administrative agency staff satisfactorily completes the training and in turn trains the remaining staff (DSM 5, Positive Behavior Support)

**Allied Therapies (music, art, movement, recreation, occupational, vocational, combination thereof) Professional(s) will provide:**

- 6 hours per week per youth, 3 hours of which can be substituted with behavior support intervention and activities.
- Recreation/Leisure Assessment and report (within the first week)

**Bachelors level practitioner(s) with 3-5 years of relevant (direct) experience with youth with I/DD or an unlicensed master's level practitioner with 1-year of the same experience will provide:**

- 5 hours per week per youth
- Family orientation (within the first 24 hours)
- Review and signing of all required paperwork (within 24 hours)
- On-site family psycho educational activities consistent with the comprehensive treatment and discharge plan (monthly)
- Attend treatment team meetings (monthly)
- Provide assistance with ADL skills

**Clinician(s) licensed to practice in NJ or a Master's level practitioner with previous experience working with youth with I/DD who will obtain a NJ license in two years or less and is practicing under the direct on-site supervision of a NJ licensed clinician will provide in collaboration with the program team:**

- Bio psychosocial assessment and report within the first week
- IMDS Strengths and Needs assessment (within the first 24 hours)
- Initial treatment and crisis plan development, documentation and consultation (within the first 24 hours of admission)
- Initial treatment and crisis plan debriefing with family and youth (within the first 24 hours of admission)
- Comprehensive treatment and discharge plan development, documentation and consultation (within the first week)
- Positive Behavioral Supports (daily)
- Individual therapy if applicable(weekly)
- Group therapy if applicable(weekly)
- Family therapy with family of origin or natural supports (weekly)
- Skill building, including but not limited to: problem solving, decision making, social skills, stress reduction, frustration tolerance, anger management (weekly)
- IMDS assessment review and update (monthly)
- Attend and direct treatment team meeting (monthly)

**Nurse-health educator/Registered Nurse (RN) or a Licensed Practical Nurse (LPN) under the supervision of a RN who possesses a current New Jersey registered nursing license and one year direct care nursing**



**experience with youth/young adults. The responsibilities of the nurse health educator shall include, but need not be limited to, the following:**

- Assess the physical condition of the, youth or young adult in the program under the direction of the medical director or psychiatrist and integrate findings into the youth or young adult's treatment plan;
- Provide education and support to direct care staff on the administering of medications and possible side effects, under the direction of the medical director or other physician;
- Implement the quality assurance program;
- Provide injections of medication, as needed and directed by the medical director or other physician;
- A minimum of 2.5 hours per week per youth (30% must be provided by an RN), or more as needed dependent upon the needs of the population;
- Nursing assessment and report (within the first 24 hours);
- Initial treatment and crisis plan consultation (within the first 24 hours and then weekly); and
- Medication dispensing as needed, when direct care staff is unable
- Attend debriefing on youth status (daily)
- Health/Hygiene/sex education (weekly)
- Medication education (monthly)
- Attend treatment team meetings (monthly)
- Provides assistance with ADLs

**Service/Program Director with a Master's degree and three (3) years post M.A. experience in the ID/DD field (at least one year of which shall be in a supervisory capacity) will:**

- Attend treatment team meetings (monthly)
- Oversee all Quality Assurance/Program Improvement activities with a focus on attaining bench-mark activities for all direct care staff

### **Staff Training**

All staff must be appropriately trained in both mental health and intellectual/developmental disabilities. Required trainings include but are not limited to:

- Positive Behavioral Supports
- Identifying developmental needs, strengths
- Crisis management
- Suicide Prevention
- Trauma Informed Care

- Develop the needed skills to complete Functional Behavioral Assessment activities as well as to implement and adapt proactive intervention plans.
- Medication protocols
- Danielle's Law
- Basic First Aid and CPR
- HIPAA
- Confidentiality and Ethics
- Identifying and reporting child abuse and neglect; (Any incident that includes an allegation of child/abuse and/or neglect must be immediately reported to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ ABUSE in compliance with N.J.S.A. 9:6-8.10)
- Identifying and reporting abuse, neglect and exploitation of an individual with a developmental disability by a caregiver to the Central registry of Offenders Against Individuals with Developmental Disabilities pursuant to N.J. S.A. 30:6D-73 to 82.

### **Additional Staff Requirements**

#### **All staff is required to have background checks.**

A statement is required from the Executive Director certifying that s/he and all employees rendering services will have state and federal background checks with fingerprinting completed now and every two years thereafter. Each agency employee providing services must complete the employee certification form that is provided as part of this RFP.

The cost of the fingerprinting criminal history background check to become a provider will be paid for by the Department of Children and Families. Details on obtaining fingerprinting forms will be provided upon award.

In addition, provider agencies must comply with N.J.S.A. 30:6D-73 et seq. Central Registry of Offenders Against Individuals with Developmental Disabilities. Agencies must assure that the names of all agency employees, volunteers, and consultants, that provide services to youth with intellectual/developmental disabilities should be checked against those names in the central registry. Additional information can be found at [http://www.state.nj.us/humanservices/staff/opia/central\\_registry.html](http://www.state.nj.us/humanservices/staff/opia/central_registry.html) .

Information on accessing the registry can be found at this website.

Agencies must also comply with Danielle's Law ([www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html](http://www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html)) .

All staff must also:

- Pass TB test
- Pass Hepatitis test

### **Student Educational Program Planning Requirements:**

Assessment of school performance is an essential component of treatment planning as is involvement with school personnel to monitor the ongoing impact of treatment and to facilitate constructive ways of working with the youth. DCF will not fund or provide onsite education programs and services for children/youth placed within an out-of-home treatment setting. Providers intending to propose Crisis Stabilization and Assessment services must demonstrate that arrangements have been confirmed for the provision of appropriate educational programs and services for both special education and general education students. A New Jersey Department of Education (DOE) approved school must provide the educational program for students with disabilities. Educational programs must be provided for a minimum of four hours per day, five days per week.

Applicant organizations that operate a DOE approved private school for students with disabilities may enroll special education students in their Approved Private School for the Disabled. However, in these circumstances, applicants must also demonstrate that arrangements have been made with the local public school district to enroll and serve general education students. A description of the school may be attached as an Appendix to the proposal.

Applicant organizations that do not operate a DOE approved school must demonstrate that a written commitment has been received from the local public school district in which the facility is located to register, enroll, and educationally serve all general and special education students residing in the Crisis Stabilization & Assessment region. The written commitment shall be attached as part of the Appendix. If not included the application shall be rejected automatically. The school district may charge the individual student's parental District of Residence for the cost of the educational program and services.

All applicants must commit to providing accurate documentation to the local school district to facilitate the educational process for students in their care. Upon registration of each student, applicants must provide the local school district with an Agency Identification Letter, a funding commitment letter from each student's parental District of Residence, and evidence of student immunization. When necessary, applicants shall provide interim transportation services to expedite school placement.

Genuine coordination and collaboration between the applicant organization and the educational provider is expected. All applicants must articulate:

- The strategies that will be employed to coordinate clinical treatment with educational planning and service delivery
- Daily before and after-school communication strategies with school staff
- Daily support of student homework, special projects and study time as is deemed appropriate in the youth's ISP
- The availability of computers for student use to support schoolwork
- Mechanisms to stay abreast of the educational progress of each student
- Problem resolution strategies
- Ongoing participation in the educational program of each student
- Immediate and therapeutic responses to problems that arise during the school day
- Supervision of students who are unable to attend school due to illness or suspension
- Adequate supervision to support home instruction when determined necessary in accordance with educational regulations
- The supervision and programming for students who do not have a summer school curriculum

### **Outcome Evaluation:**

This RFP represents an outcomes approach to awarding Crisis Stabilization and Assessment services for youth with intellectual/developmental disabilities. The outcome evaluation includes setting outcomes, establishing indicators, and changing behavior to achieve desired results and outcomes.

CSOC makes use of the IMDS tools, service authorizations, and satisfaction surveys, in measuring the achievement of system partners and achieving the primary system goals of keeping youth in home, in school, and out of trouble. Additional considerations and areas of measurement are compliance with all reporting requirements, compliance with all requirements of record keeping, advocacy on behalf of youth and families, and collaborative activities that support youth and their families. Respondents are expected to consider and articulate where necessary plans for:

- Use of the IMDS tools to inform treatment planning;
- Use of the IMDS tools to measure relative achievement and continued need;
- Mechanisms for maintaining compliance with addendum to Administrative Order 2:05;

- Risk management mechanisms and structures such that incidents inform changes to policy, practice, and treatment;
- On-going satisfaction surveys to youth, families, and other system partners;
- Means for identification and communication of system needs and areas of excellence to local partners and CSOC administration.

**Quality Assurance and Performance Improvement (QA/PI) Activities:**

Data-driven performance and outcomes management is a central aspect of CSOC’s management of the system of care. The practice model is based on current best practices regarding out-of-home treatment for children and youth. In order to support sensitive and responsive management of these specialty services and to inform future practice, regulation, and “sizing”, respondents to this RFP are to give outcomes special consideration in their response. Respondents must articulate a robust quality assurance and performance improvement (QA/PI) plan that includes all members of the service: youth, families, and all levels of staff. QA/PI plans and data must be submitted quarterly to CSOC. Respondents are to describe on-going QA/PI activities that reflect the capacity to make necessary course corrections in a planful and responsive fashion

**Program Outcomes: Programs should focus on transition success, (i.e.: lower levels of care, supports coordinated prior to discharge, length of time youth remains in lower level of care, and level of community integration.**

- Program will maintain compliance with all CSOC reporting requirements and timeframes: Joint Care Reviews (JCR), Transitional Joint Care Reviews (TJCR), Discharge Joint Care Reviews (DJCR), addendum to AO 2:05, and contracting requirements
- Program will collect “3-D” satisfaction surveys from youth, family members, and other providers for 75% percent of all youth served at two points during the service period.
- Program will conduct quarterly “health checks” through satisfaction surveys, stakeholders meetings, and review of SNA data. Health checks will report status, progress, and needs to the service community and CSOC.

**Specific Requirements**

NJ Medicaid Enrollment:

Applicants must have the demonstrated ability, experience, and commitment to enroll in NJ Medicaid, and subsequently submit claims for reimbursement through NJ Medicaid and its established fiscal agent, Molina, within prescribed timelines.

Licensure:

Applicants must provide evidence of, or demonstrated ability to meet, all NJ Department of Children and Families; Health and Senior Services; Human Services; and other Federal Licensure standards, as applicable.

This program will be inspected by the DCF Office of Licensing. When the program opens, the awardee must comply with the Standards for Community Residences for Individuals with Developmental Disabilities (N.J.A.C. 10:44A). These regulations can be found on the Department of Human Services website at [www.state.nj.us/humanservices/ool/licensing](http://www.state.nj.us/humanservices/ool/licensing).

No Eject/No Reject Policy:

The grantee must comply with DCF No Eject/No Reject policies governing this service:

*Rejection:*

If the clinical supervisor or program supervisor/director wishes to challenge any referral's appropriateness (which is made in strict adherence to the notes the provider has made in his/her Provider Information Form) they may do so by sending a letter or e-mail to the CSOC SRTU Manager and Crisis Stabilization and Assessment services liaison. CSOC will review these challenges and make the final decision within 2 business days of receiving the letter or e-mail. This letter/e-mail must be received within 3 business days of the initial referral. Admission will be put on hold until a decision is made only if the letter/e-mail is received within the defined time frame. The provider must accept the final decision of CSOC.

*Ejection:*

Under no circumstances may a provider terminate a youth who is enrolled from their service without first contacting and receiving written approval from CSOC. The facility must submit this request in writing with supporting documentation. CSOC will make the final determination about disposition for the youth.

*Eject/Reject Follow-up:*

Careful controls and monitoring regarding the number and type of disputes will be maintained by CSOC and may result in regulatory action within the

contract year. Additionally, any eject/reject activities will be addressed at the time of contract renewal.

### Accreditation

It is a preference of CSOC that respondents to this RFP are Joint Commission, COA, or CARF accredited.

### Provider Information Form

The grantee will be required to complete a Provider Information Form (PIF) in collaboration with CSOC at the time of contracting. The PIF will reflect the obligations outlined in this RFP.

### Site Visits

CSOC, in partnership with the DCF Office of Licensing and the DCF Contracting Unit, will conduct site visits to monitor awardee (s) progress and problems in accomplishing responsibilities and corresponding strategy for overcoming these problems. The awardee (s) will receive a written report of the site visit findings and will be expected to submit a plan of correction, if necessary.

### Contracted System Administrator (CSA):

The CSA is the single point of entry for the children's system of care. The CSA facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all youth-serving systems. The awardee must demonstrate ability to conform with and provide services under protocols, including documentation and timeframes, established by CSOC and managed by the CSA.

### Organization/Agency Web Site:

Publicly outlining the specific behavioral challenges exhibited by some of the children, youth and young adults served by an agency may lead to confusion and misinformation.

Without the appropriate context, the general public may wrongly assume that all children, youth and young adults served are dealing with those challenges. Applicants must ensure that the content of their organization's web site protects the confidentiality of and avoids misinformation about the

youth served. The web site should also provide visitors with a mechanism for contacting upper administrative staff quickly and seamlessly.

Purchase of Software:

Any software purchased by the awardee in connection with the project must receive prior approval by the New Jersey Office of Information Technology.

Data Collection:

Respondents are advised that any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

**D. Funding Information:**

For the purpose of this initiative, the Department will make available funding up to an annualized amount of \$2,912,700 subject to appropriation. Contracts may be renewed annually subject to appropriation and performance under the provisions of this RFP and the Contract.

The per diem rate per youth is \$532 and is reimbursed on a fee for service basis. Medicaid billing is the payment methodology for reimbursement. The per diem rate is all inclusive compensation and reimbursement for all services, activities, administrative and clinical to serve the youth. Reimbursement is based exclusively on occupancy. CSOC does not guarantee 100% occupancy.

Matching funds are not required.

Funds awarded under this program may not be used to supplant or duplicate existing funding.

Operational start-up costs are permitted. Applicants must provide a justification and detailed summary of all expenses that must be met in order to begin program operations in a separate Appendix document if funding is being requested.

**No more than \$48,545 per 5 bed program may be proposed for start-up.**

Any expenses incurred prior to the effective date of the contract will not be reimbursed by the Department of Children and Families.

**E. Applicant Eligibility Requirements:**



1. Applicants must be for profit or not for profit corporations that are duly registered to conduct business within the State of New Jersey.
2. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
3. Applicants may not be suspended, terminated or barred for deficiencies in performance of any award, and if applicable, all past issues must be resolved as demonstrated by written documentation.
4. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
5. Where appropriate, all applicants must hold current State licenses.
6. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
7. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
8. Applicants must have the ability to be operational within 90 days of contract execution. Further, where appropriate, applicants must execute sub-contracts with partnering entities within 45 days of contract execution.
9. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at [www.dnb.com](http://www.dnb.com)
10. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFP, and the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3) may submit an application.

**F. RFP Schedule:**

<b>March 7, 2014</b>	<b>Notice of Availability of Funds/RFP publication</b>
<b>Until April 3, 2014 at 12 PM</b>	<b>Period for Email Questions sent to <a href="mailto:DCFASKRFP@dcf.state.nj.us">DCFASKRFP@dcf.state.nj.us</a></b>
<b>April 4, 2014</b>	<b>Mandatory Bidder's Conference 2PM</b>
<b>April 29, 2014</b>	<b>Deadline for Receipt of Proposals by 12:00PM</b>

Proposals received after 12:00 PM will **not** be considered. Applicants should submit **one (1) signed original** and **one CD ROM**, including a signed cover letter of transmittal as indicated below.

Proposals must be delivered either:

**1) In person to:**

Catherine Schafer, Director of Grants  
Department of Children and Families  
50 East State Street, 3<sup>rd</sup> Floor  
Trenton, New Jersey 08625

Please allow time for the elevator and access through the security guard. Applicants submitting proposals in person or by commercial carrier should submit **one (1) signed original** and **one CD ROM** with all documents including a signed cover letter of transmittal.

**2) Commercial Carrier (hand delivery, federal express or UPS) to:**

Catherine Schafer, Director of Grants  
Department of Children and Families  
50 East State Street, 3<sup>rd</sup> Floor  
Trenton, New Jersey 08625

Applicants submitting proposals in person or by commercial carrier should submit **one (1) signed original** and **one CD ROM** with all documents including a signed cover letter of transmittal.

**3) Online- <https://ftpw.dhs.state.nj.us>**

DCF offers the alternative for our bidders to submit proposals electronically to the web address above. Online training is available at the bidder's conference and on our website at: [www.nj.gov/dcf/providers/notices/](http://www.nj.gov/dcf/providers/notices/)

We recommend that you do not wait until the date of delivery in case there are technical difficulties during your submission. Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission. Registration forms are available on our website. Registered AOR forms must be received 5 business days prior to the date the bid is due. You need to register only if you are submitting a proposal online.

**G. Administration:**

**1. Screening for Eligibility, Conformity and Completeness**

DCF will screen proposals for eligibility and conformity with the specifications set forth in this RFP. A preliminary review will be conducted to determine whether the application is eligible for evaluation or immediate rejection.

The following criteria will be considered, where applicable, as part of the preliminary screening process:

- a. The application was received prior to the stated deadline
- b. The application is signed and authorized by the applicant's Chief Executive Officer or equivalent
- c. The applicant attended the Bidders Conference (if required)
- d. The application is complete in its entirety, including all required attachments and appendices
- e. The application conforms to the specifications set forth in the RFP

Upon completion of the initial screening, proposals meeting the requirements of the RFP will be distributed to the Proposal Evaluation Committee for its review and recommendations. Failure to meet the criteria outlined above, or the submission of incomplete or non-responsive applications constitutes grounds for immediate rejection of the proposal if such absence affects the ability of the committee to fairly judge the application.

In order for a bid to be considered for award, at least one representative of the Bidder must have been present at the Bidders Conference commencing at the time and in the place specified above. Failure to attend the Bidders Conference will result in automatic bid rejection.

## **2. Proposal Review Process**

DCF will convene a Proposal Evaluation Committee in accordance with existing regulation and policy. The Committee will review each application in accordance with the established criteria outlined in Section II of this document. All reviewers, voting and advisory, will complete a conflict of interest form. Those individuals with conflicts or the appearance of a conflict will be disqualified from participation in the review process. The voting members of the Proposal Evaluation Committee will review proposals, deliberate as a group, and then independently score applications to determine the final funding decisions.

The Department reserves the right to request that applicants present their proposal in person for final scoring. In the event of a tie in the scoring by the Committee, the bidders that are the subject of the tie will provide a presentation of their proposal to the evaluation committee. The evaluation committee will request specific information and/or specific questions to be answered during a presentation by the provider and a brief time-constrained presentation. The presentation will be scored out of 50 possible points, based on the following criteria and the highest score will be recommended for approval as the winning bidder.

- Requested information was covered- 10 Points
- Approach to the contract and program design was thoroughly and clearly explained and was consistent with the RFP requirements- 20 Points
- Background of organization and staffing explained- 10 Points
- Speakers were knowledgeable about topic- 5 Points
- Speakers responded well to questions - 5 Points

The Department also reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. The Department's best interests in this context include, but are not limited to: State loss of funding for the contract; the inability of the applicant to provide adequate services; the applicant's lack of good standing with the Department, and any indication, including solely an allegation, of misrepresentation of information and/or non-compliance with any State of New Jersey contracts, policies and procedures, or State and/or Federal laws and regulations.

All applicants will be notified in writing of the Department's intent to award a contract.

**3. Special Requirements**

The successful Applicant shall maintain all documentation related to products, transactions or services under this contract for a period of five years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

Applicants must comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27, the State Affirmative Action policy. A copy is attached as Exhibit A.

Applicants must comply with laws relating to Anti- Discrimination as attached as Exhibit B.

## **H. Appeals:**

An appeal of the selection process will be heard only if it is alleged that the Department has violated a statutory or regulatory provision in awarding the grant. An appeal will not be heard based upon a challenge to the evaluation of a proposal. Applicants may appeal by submitting a written request to

Office of Legal Affairs  
Contract Appeals  
50 East State Street 4<sup>th</sup> Floor  
Trenton NJ 08625

no later than five (5) calendar days following receipt of the notification or by the deadline posted in this announcement.

## **I. Post Award Review:**

As a courtesy, DCF may offer unsuccessful applicants an opportunity to review the Evaluation Committee's rating of their individual proposals. All Post Award Reviews will be conducted by appointment.

Applicants may request a Post Award Review by contacting:  
[DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us)

Post Award Reviews will not be conducted after six months from the date of issuance of this RFP.

## **J. Post Award Requirements:**

Selected applicants will be required to comply with the terms and conditions of the Department of Children and Families' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual. Applicants may review these items via the Internet at [www.nj.gov/dcf/providers/contracting/manuals](http://www.nj.gov/dcf/providers/contracting/manuals)

Selected applicants will also be required to comply with all applicable State and Federal laws and statutes, assurances, certifications and regulations regarding funding.

Upon receipt of the award announcement, and where appropriate, selected applicants will be minimally required to submit one (1) copy of the following documents:

- Proof of Insurance naming the Department of Children and Families as an additional insured
- Board Resolution Validation
- DCF Standard Language Document and Signature Pages
- Current agency by-laws
- Copy of lease or mortgage (if applicable)
- Certificate of Incorporation
- Conflict of Interest policy
- Affirmative Action policy and certificate
- A copy of all applicable professional licenses
- Current single audit report
- Current IRS Form 990
- Copy of the agency's annual report to the Secretary of State
- Public Law 2005, Chapter 51, Contractor Certification and Disclosure of Political Contributions (not required for non-profit entities)

The actual award of funds is contingent upon a successful Contract negotiation. If, during the negotiations, it is found that the selected Applicant is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the notice of intent to award may be rescinded.

## **Section II – Application Instructions**

### **A. Proposal Requirements and Review Criteria:**

All applications will be evaluated and scored in accordance with the following criteria:

The narrative portion of the proposal should be double-spaced with margins of 1 inch on the top and bottom and 1½ inches on the left and right. The font may be no smaller than 12 points. There is a 25 page limitation for the narrative portion of the grant application. A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements. Five (5) points will be deducted for each missing document. If the deductions total 20 points or more, the proposal shall be rejected as non-responsive. One bonus point per single bedroom will

be awarded (maximum 5 points) per program. At least one bedroom MUST be located on the 1st floor and be ADA compliant OR at least be barrier free. The narrative must be organized appropriately and address the key concepts outlined in the RFP. Items included in the transmittal cover letter, Annex B budget pages, and attachments do not count towards the narrative page limit.

Proposals may be bound or fastened by a heavy-duty binder clip. Do not submit proposals in loose-leaf binders, plastic sleeves or folders.

Each proposal narrative must contain the following items organized by heading in the same order as presented below:

**1) Applicant Organization**

**(15 Points)**

Describe the agency's history, mission and goals, and where appropriate, a record of accomplishments in working in collaboration with the Department of Children and Families and/or relevant projects with other state governmental entities.

Describe the agency's background and experience in implementing the types of services.

Provide an indication of the organization's demonstrated commitment to cultural competency and diversity. The provider shall identify and develop, as needed, accessible culturally responsive services and supports. These shall include, but are not limited to, affiliations with informal or natural helping networks such as language services, neighborhood and civic associations, faith based organizations, and recreational programs determined to be appropriate. Supervisors must be culturally competent and responsive, with training and experience necessary to manage complex cases in the community across child serving systems. Explain how the provider is working toward a cultural competency plan that describes actions your agency will take to insure that policies, materials, environment, recruitment, hiring, promotion, training and Board membership reflect the community or the intended recipients of the services you provide and promote the cultural competency of the organization and that resources and services will be provided in a way that is culturally sensitive and relevant.

Describe the agency's governance structure and its administrative, management and organizational capacity to enter into a third party direct state services contract with the Department of Children and Families. Note the existence (if any) of professional advisory boards that support

the operations. If applicable, indicate the relationship of the staff to the governing body. Attach a current organizational chart.

Provide an indication of the agency's demonstrated capability to provide services that are consistent with the Department's goals and objectives for the program to be funded. Include information on current programs managed by the agency, the funding sources and if available, any evaluation or outcome data.

## **2) Program Approach**

**(60 Points)**

Specify a program approach that includes an overview of the proposed services and their anticipated impact on the target population, including:

### Service Description

- Demonstrate the capacity to meet minimum requirements listed in "Section I: C. Services to be Funded, Course and Structure of Treatment"
- Demonstrate that youth will have a stable, familiar, consistent, and nurturing experience through staffing patterns, the management of youth cohorts, site design and utilization, and the type, scope and frequency of family/caregiver involvement
- Include policy regarding engaging and sustaining the involvement of family and/or natural supports
- Articulate etiology and demonstrate the links between the intervention model, strategies and techniques
- Demonstrate how the relationships with direct care staff (as supported through team structure, supervision, and staffing patterns) will help youth move from being "managed" to being "engaged in treatment"
- Describe direct care staff's supervision of youth and staff/youth ratios
- Fully articulate the management and treatment models to be utilized, including the use of evidence-based, informed, or suggested interventions
- Describe, through policy and procedures: documentation, mechanisms for communication, responsiveness, flexibility, & creativity of treatment teams
- Describe the mechanisms for managing and treating aggressive behavior



- Demonstrate experience with, understanding of, and integration of issues of trauma in youth and how it will be integrated it into the treatment plan
- Include curricula for psycho-educational groups, including those focused on wellness and recovery
- Identify and describe the geographic location(s) of the services
- Describe client eligibility requirements, referral processes, and include client rejection/termination policies
- Provide a feasible timeline for implementing the proposed services. Attach a separate Program Implementation Schedule. Provide a detailed week-by-week description of your action steps in preparing to provide this service. At a minimum, detail when and who will:
  - Secure and ready site
  - Secure licensing from OOL from staff and site
  - Recruit all necessary staff
  - Train all staff
  - Complete Medicaid application
  - Complete Provider Information File and meet with the CSA
  - Meet with the Local Education Authority to ensure coordinated care for youth
- Describe any fees for services, sliding fee schedules, and waivers
- Include a description of client data to be recorded, the intended use of that data, and the means of maintaining confidentiality of client records
- Describe how the proposed program will meet the needs of various and diverse cultures within the target community based on the Law Against Discrimination (N.J.S.A. 10:51 et seq.)
- Include policy or procedures regarding:
  - The use of the IMDS tools and any additional outcome measures
  - Community-based activities
- Attach three (3) letters of support/affiliation from community-based organizations

Program Planning Requirements for Student Education

- Describe arrangements for or access to appropriate educational programs and services for special education and general education students.

### Program Operation Requirements for Student Education

- Articulate and clearly describe:
  - Strategies to coordinate clinical treatment with educational planning and service delivery
  - Daily before & after-school communication strategies with school staff
  - Daily support of student homework, special projects, and study time
  - Specific strategies, including responsible staff and timelines, for including families-of-origin and/or natural supports in educational updates, progress monitoring and planning
  - Availability of computers for student use to support schoolwork
  - Mechanisms to monitor the educational progress of each student
  - Problem resolution strategies
  - Ongoing participation in the educational program of each student
- Provide a detailed plan for:
  - Immediate and therapeutic responses to problems that arise during the school day
  - Supervision of students who are unable to attend school due to illness or suspension
  - Planned collaboration with all school personnel ensuring that youth remain in school when appropriate
  - Adequate supervision, programming, and professional staff contact to support home instruction in accordance with educational requirements.
  - The supervision and programming for students who do not have a summer school curriculum
  - Plan for supervision and programming for high school graduates

### Governance and Staffing

- Indicate the number, qualifications, and skills of all staff, consultants, sub-grantees, and/or volunteers who will perform the proposed program activities. Attach, in the proposal Appendices, an organizational chart for the proposed program; job descriptions that

include all educational and experiential requirements; salary ranges; and resumes of any existing staff who will perform the proposed services. Applicants must:

- Identify the Crisis Stabilization and Assessment services administrator and describe the job responsibilities
  - Describe the proposed staffing by service component, include daily, weekly and monthly schedules for all staff positions
  - Describe any consultants & their qualifications, include a consultant agreement if applicable
  - Provide letters of affiliation and proposed Student-School-Service Provider contracts if graduate students will be involved in the provision of care
- Include policy or procedures regarding: timelines; program operations; and responsible staff for admission, orientation, assessment, engagement, treatment planning, discharge planning, and step down
  - Describe a staff training model that includes all required training per Licensing regulations as well as all appropriate DCF CSOC. Training for staff shall minimally include:
    - Creating and maintaining safe, therapeutic, and nurturing environments
    - Verbal de-escalation and engagement skills
    - Proactive intervention for maintaining safety and promoting change
    - Post-crisis debriefing skills
    - Treatment planning that is responsive and focused on change
    - Recommended (evidence based is preferred) treatment approaches
    - Promoting positive peer culture
    - Cultural Competence
    - Information Management Decision Support Tools (IMDS)
    - Understanding and Using Continuous Quality Improvement
  - Describe the management & staff supervision methods that will be utilized

### **3) Outcome Evaluation**

**(10 Points)**

Describe the outcome measures that will be used to determine that the service goals and objectives of the program have been met. Provide a brief narrative and attach copies of any evaluation tools that will be used to determine the effectiveness of the program services.

#### **4) Budget**

**(10 Points)**

The Department will consider the cost efficiency of the proposed budget as it relates to the anticipated level of services (LOS). Therefore, applicants must clearly indicate how this funding will be used to meet the project goals and/or requirements. Provide a line item budget and narrative for the proposed program.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The budget should also reflect a 12 month operating schedule and must include, in separate columns, total funds needed for each line item, the funds requested under this award, and funds secured from other sources. All costs associated with the completion of the project must be clearly delineated and the budget narrative must clearly articulate budget items, including a description of miscellaneous expenses or “other” items. The proposed budget should be based on 100% occupancy and may not exceed \$970,900 per program, in funds provided under this award.

The completed budget proposal must also include a detailed summary of and justification for any requested one-time operational start up costs. It is not a preferred practice of CSOC to offer or provide start-up costs; subsequently, the inclusion of such costs may be a determining factor in the proposal selection process. CSOC intends to purchase as much direct clinical care service as funding allows. CSOC acknowledges that there may be organizations with sound clinical care models that may not have the fiscal resources to incur all related costs. Thus, CSOC would be amenable to modest participation in “facility renovations” costs and will permit reasonable start-up under the following conditions:

- The need must be fully presented and explained in a separate narrative attached as an Appendix.
- Costs may not exceed 5% of the award (no more than \$ 48,545 per 5 bed program)
- Start-Up Costs must be reflected on a separate schedule of the Annex B
- All proposed start-up costs are subject to contract negotiations

The awardee must adhere to all applicable State cost principles.

Standard DCF Annex B (budget) forms are available at: <http://www.state.nj.us/dcf/providers/contracting/forms/> and a description of General and Administrative Costs are available at <http://www.state.nj.us/dcf/providers/notices/>

#### **5) Completeness of the Application**

**(5 Points)**

The Department will also consider the completeness of the application and the clarity of statements within the proposal, including the availability, accuracy, and consistency of all supporting documentation.

## **B. Supporting Documents:**

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent and a CD ROM containing all the documents in PDF or Word format. Failure to submit any of the required documents requested in this RFP will result in a loss of five (5) points per item from the total points awarded for the proposal.

All supporting documents submitted in response to this RFP must be organized in the following manner:

### **Part I: Proposal**

1. Proposal Cover Sheet\*
2. Table of Contents
3. Proposal Narrative (in following order)
  - a. Applicant Organization
  - b. Program Approach
  - c. Outcome Evaluation
  - d. Budget Narrative
  - e. Completeness

### **Part II: Appendices**

1. Job descriptions, resumes, and current salary ranges of key personnel
2. Current and proposed agency organizational charts
3. Staffing patterns
4. Current/dated list of agency Board of Directors/Terms of Office
5. Copy of agency Code of Ethics and/or Conflict of Interest policy
6. Statement of Assurances\*
7. Certification regarding Debarment
8. DCF Annex B Budget Forms\*
9. Chapter 51 Certification Regarding Political Contributions\*\*
10. Source Disclosure Certification\*\*
11. Ownership Disclosure-Certification and Disclosure Forms  
Note: non-profit entities are required to file the Certification-Disclosure of Investigations starting at Page 3 through 5\*\*
12. Copy of IRS Determination Letter regarding applicant's charitable contribution or non-profit status (if appropriate)
13. Copies of all applicable professional licenses/organization's licensure status

14. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at <http://www.dnb.com>
15. Copies of any financial or program audits completed or in process by DCF Office of Auditing from 2010 to the present. If available, a corrective action plan should be provided and any other pertinent information that will explain or clarify the applicant's position
16. Applicable Consulting Contracts, Affiliation Agreements/Memoranda of Understanding, Letters of Commitment and other supporting documents. Provide letters of affiliation and proposed Student-School-Service Provider contracts if graduate students will be involved in the provision of care
17. Current Form 990 for non-profits
18. Current Single Audit Report for non-profits/ Current Audited Financial Statements for for-profit entities
19. Proposed Program Implementation Schedule. Applicants must present a proposed schedule that shows that the provider can be operational within 90 days of contract award.
20. Operational start-up costs detailed description if requested. Applicants must provide a justification and detailed summary of all expenses that must be met in order to begin program operations in a separate Appendix document if funding is being requested. No more than \$48,545 per 5 bed program shall be proposed for start-up.
21. Include curricula for psycho-educational groups, including those focused on wellness and recovery
22. Three letters of support/affiliation for this proposal from community based organizations
23. Include policy regarding engaging and sustaining the involvement of family and/or natural supports
24. Written commitment received from the local public school district in which the facility is located to register, enroll, and educationally serve all general and special education students placed in the Crisis Stabilization and Assessment services program, or description of the DOE approved school operated by the Applicant and the plan to provide services to this population.
25. Include policy or procedures regarding: Timelines; program operations; and responsible staff for admission, orientation, assessment, engagement, treatment planning, discharge planning, and step down
26. Attach copies of any evaluation tools that will be used to determine the effectiveness of the program services
27. Include policy or procedures regarding:
  - a. The use of IMDS tools and any additional outcome measures
  - b. Community-based activities

\* Standard forms for RFP's are available at:  
[www.nj.gov/dcf/providers/notices/](http://www.nj.gov/dcf/providers/notices/)

Forms for RFP's are directly under the Notices section.  
Standard DCF Annex B (budget) forms are available at:  
<http://www.state.nj.us/dcf/providers/contracting/forms/>

\*\* Treasury required forms are available on the Department of the Treasury website  
at:<http://www.state.nj.us/treasury/purchase/forms.shtml>  
Click on Vendor Information and then on Forms

### **C. Requests for Information and Clarification**

Applicants shall not contact the Department directly, in person, or by telephone, concerning this RFP. Applicants may request information and/or assistance from [DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us) until the Bidders Conference. Inquiries will not be accepted after the closing date of the Bidders Conference. Questions may be emailed in advance of the Bidders Conference to [DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us). Inquiries will be answered and posted on the DCF website as a written addendum to the RFP.

DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures at the Bidders Conference. All prospective applicants must attend the Bidders Conference and participate in the onsite registration process in order to have their applications reviewed. Failure to attend the Bidders Conference will disqualify individuals, agencies, or organizations from the RFP process.

Inclement weather will not result in the cancellation of the Bidders Conference unless it is of a severity sufficient to cause the official closing or delayed opening of State offices on the above date. In the event of the closure or delayed opening of State offices, the Bidders Conference will be cancelled and then held on an alternate date.

Note: Organ and Tissue Donation: As defined in section 2 of P.L. 2012, c. 4 (N.J.S.A.52:32-33), contractors are encouraged to notify their employees, through information and materials or through an organ and tissue awareness program, of organ donation options. The information provided to employees shall be prepared in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C. §1320b-8 to serve in this State.

**COMMUNITY AGENCY HEAD AND EMPLOYEE CERTIFICATION,  
PERMISSION FOR BACKGROUND CHECK AND RELEASE OF  
INFORMATION**

I hereby authorize the Department of Children and Families to conduct a criminal history background check and I agree to be fingerprinted in order to complete the State and Federal background check process. I further authorize the release of all information regarding the results of my background check to the Department of Children and Families. Check one of the options listed below.

Option 1 - I hereby certify under penalties of perjury, that I have not been convicted of any of the offenses listed below and no such record exists in the State Bureau of Identification in the Division of State Police or in the Federal Bureau of Investigation, Identification Division.

Option 2 - I hereby affirm that I have been convicted of the following offense listed below \_\_\_\_\_

on \_\_\_\_\_. (date)

If I have checked Option 2 or the criminal history background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment.

**FOR PROVISIONAL EMPLOYEES ONLY:** As a provisional employee, I further understand that I may be employed by the agency for a period not to exceed six months during which time a background check will be completed. I understand that I will work under the supervision of a superior where possible.

Offenses covered under P.L. 1999, c.358:

In New Jersey, any crime or disorderly person offense:

--involving danger to the person as set forth in N.J.S.A. 2C:11-1 et seq. through 2C:15-1 et seq. including the following:

- i. Murder
- ii. Manslaughter
- iii. Death by auto
- iv. Simple assault
- v. Aggravated assault
  
- vi. Recklessly endangering another person
- vii. Terroristic threats
- viii. Kidnapping
- ix. Interference with custody of children



x. Sexual assault

xi. Criminal sexual contact

xii. Lewdness

xiii. Robbery

--against the children or incompetents as set forth in N.J.S.A. 2C:24-1 et seq. including the following:

i. Endangering the welfare of a child

ii. Endangering the welfare of an incompetent person

--a crime or offense involving the manufacture, transportation, sale, possession or habitual use of a controlled dangerous substance as defined in N.J.S.A. 2C:24-1 et seq.

--in any other state or jurisdiction, conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above.

FOR COMMUNITY AGENCY HEAD: I understand the results of this background check will be reported to the President of the Board of my agency.

PLEASE LIST THE NAME AND HOME OR BUSINESS ADDRESS OF THE BOARD PRESIDENT.

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

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee (Signature Date)

\_\_\_\_\_  
Witnessed by (please print)

\_\_\_\_\_  
Witness (Signature Date)