

REQUEST FOR PROPOSALS FOR

STABILIZATION AND ASSESSMENT SERVICES FOR UP TO TWO (2) FIVE (5) BED HOMES

Funding of up to \$2, 427, 250 Available

Mandatory Bidders Conference: January 31, 2017

Time: 10:00 AM
Place: DCF Professional Center
30 Van Dyke Avenue, New Brunswick, NJ 08901

Deadline for Receipt of Proposals: March 22, 2017 at 12:00 PM

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

Commissioner

December 23, 2016

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Funding Agency

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

<u>Special Notice</u>: Potential Bidders must attend a Mandatory Bidder's Conference on January 31, 2017 at 10:00 am at DCF Professional Center, 30 Van Dyke Avenue, New Brunswick, NJ 08901. Questions will be accepted in advance of the Bidders Conference. They may be submitted via email to DCFASKRFP@dcf.state.nj.us on or before January 27, 2017 at 12:00 PM. Technical inquiries about forms and other documents may be requested anytime.

Section I – General Information

A. Purpose:

The New Jersey Department of Children and Families' (DCF) Division of Children's System of Care (CSOC) announces the availability of funding for the purpose of providing statewide out of home Stabilization and Assessment Services for young children ages 5 up until his/her 12th birthday. Funding is subject to State fiscal year appropriations. The annualized funding available is \$2, 427, 250. This funding is expected to provide for two, five-bed Stabilization and Assessment programs located in the community for both males and females, ages 5 up until his/her 12th birthday.

The goal is to create a short-term, highly structured, and nurturing environment with professional competencies to stabilize children, 5-12 years old. The successful applicant shall demonstrate expertise with children engaged in the child welfare system and/or who present with complex behavioral health challenges on an emergent basis and do not meet the need for an acute hospital setting. The intent is to stabilize crises in a soothing and trauma aware milieu while diagnostic assessments, services, and supports that meet the children's needs are conducted. The ultimate goal of this intervention is to identify and secure an appropriate living situation for the children (in home/out of home). To that end, DCF is seeking proposals from private or public non-profit entities and for profit organizations to provide emergent, stabilization and diagnostic services to children through its Children's System of Care (CSOC). This announcement seeks to maximize the utilization of these services through a transparent and contracted clinical model paired with a rate structure consistent with national best practice.

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.

The DCF CSOC serves children, youth, and young adults with emotional and behavioral healthcare challenges, intellectual/developmental disabilities, and substance use 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/reflective community-based environments. CSOC believes that the family or caregiver plays a central role in the health and well-being of children, youth, and young 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 with the tools and support needed to create successful and sustainable life experiences for their children. All services within the New Jersey Children's System of Care are expected to function under the aegis of the Wraparound Practice, and the values and principles of the System of Care approach. Providers will also be expected to become familiar with and be trained in the Nurtured Heart Approach and the Six Core Strategies to Reduce the Use of Seclusion and Restraints.

C. Services to be Funded:

The awardee for this Request for Proposal is expected to provide a comprehensive array of supports and services to operationalize a short-term Stabilization and Assessment Services program for young children engaged in the child welfare system and/or who present with complex behavioral health challenges on an emergent basis and do not meet the need for an acute hospital setting. Stabilization and Assessment Services will be provided in community based homelike settings. Funding is available for two, five-bed Stabilization and Assessment programs located in the community for both males and females, ages 5 up until his/her 12th birthday. This program will accept children statewide.

It is the preference of the DCF CSOC to have the programs located in the central region of New Jersey. For the purpose of this RFP, central region is defined as: **Mercer, Monmouth, Ocean, Middlesex, Somerset, and Union.**

The objectives for the program are to:

Stabilize the immediate crisis:

- Engage with the child so that she/he feels as comfortable and safe as possible in a new setting;
- Provide comprehensive diagnostic assessments that result in an individualized service plan (ISP) that is strength-based, child centered, family-driven, and goal-oriented;
- Provide a consistent and predictable environment with intensive support and supervision and in which there is an understanding of the trauma the child may have experienced, either explicit or implicit;
- Initiate the ISP within 7 days of admission;
- Outline short term stabilization goals while pursuing plans for long term stabilization at home or in an alternate out of home living situation;
- Initiate, prior to the child's transition from the program, a skill building routine in preparation for his/her return home (preferred) or to an alternate out of home living situation;
- Provide transportation if needed to bring the child to the program;
- Maintain the child in his/her home school district when possible;
- Close and robust collaboration with the CSOC Care Management Organization (CMO) and/or the DCF Division of Child Permanency & Protection (DCP&P) in order to secure a timely transition from this program.

The projected length of stay is anticipated to be 45 days, although length of stay may certainly be shorter. If the child requires a longer stay, the CMO/DCP&P and the Provider may request an additional 45 day authorization.

Stabilization and Assessment Services will be provided in a community based homelike setting. The program is expected to have bi-lingual capacity.

<u>Number of Bedrooms</u>: Single bedrooms preferred, no more than two children per bedroom.

Admission Criteria:

- The child may present with a wide range of challenges that require immediate attention. These may include behavioral and emotional, psychiatric, intellectual, learning, and communication needs;
- The child may present with Mood Disorders, PTSD, Impulse Control Disorders, ADHD, Fetal Alcohol Spectrum Disorder (FASD)¹, Attachment Disorder, and/or other mental health disorder;

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¹ http://www.cdc.gov/ncbddd/fasd/treatments.html

- Please note, exclusionary criteria: The child is <u>not</u> deemed DD eligible (in this case, the child would be considered for IDD Crisis and Stabilization Services).
- The child may present with stabilized medical needs, including but not limited to, seizure disorder, diabetes, asthma, etc.;
- The child may be educationally classified or non-classified;
- Behaviors may include but are not limited to: tantrums; elopement; property destruction; physical/verbal aggression (towards children and caretakers); sleep disorders; cruelty to animals, self-injurious behaviors; challenges relating to verbal/written directions and sexually reactive behaviors. Certain behaviors (such as recent fire setting) will need to be considered on an individualized basis.
- The child is determined to be in need of stabilization services as evidenced by one of the following:
 - Child was removed from the home by DCP&P as a result of issues of abuse or neglect, including exposure to family violence, AND cannot be admitted to a resource home or live with family members with therapeutic supports services, such as Mobile Response and Stabilization Services (MRSS) due to presenting behaviors;
 - Child was deemed by local screening center as not in need of psychiatric hospitalization, but the family/caregiver cannot safely care for the child at home.

OR

- The child is determined to be in need of stabilization services as evidenced by <u>both</u> of the following:
 - Child is not sufficiently stable to be cared for in his/her home with therapeutic supports services, such as Mobile Response and Stabilization Services (MRSS) <u>and</u>
 - Child is unable to adequately function in significant life domains: family, school, social, or recreational activities and/or activities of daily living due to his or her diagnosis and presenting behaviors, 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 admit children and provide trauma imbued interventions determined appropriate by the CSA and/or DCP&P on a 24/7/365 (including weekends and holidays) emergent/urgent basis. A full admission packet may

not be available and is hence not required as a prerequisite to admission. The awardee(s) shall provide stabilization support and services; diagnostic assessments; therapeutic supports and services specific to children with behavioral health challenges based on individual need 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 child's needs. The provider will complete assessments which include:

- Bio Psychosocial Assessment
- Nursing Assessment
- Nutritional Assessment
- Psychiatric Evaluation

In addition, the following assessments shall be provided by the agency as deemed necessary by the treatment team:

- Psychological evaluation
- Neurological evaluation
- Psychosexual evaluation
- Fire setting evaluation
- Developmentally appropriate assessments to determine level of functioning in the six major life areas, also known as Activities of Daily Living (ADLs)
- Other assessment may be indicated. Clinicians must be familiar with the array of considerations

Treatment:

All Stabilization Services and interventions must be directly related to the goals and objectives established in each child's initial Individual Service Plan (ISP)/care plan, which is developed by the Child/Family Team/Family Team Meeting (CFT/FTM) in collaboration with the provider agency. CSOC firmly 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/care plan. Interventions must address the etiology of the child's presentation with the meta-perspective of both implicit and explicit trauma.

The Individual Service Plan (ISP) shall identify the child's interests, preferences, and needs in the following areas, as determined appropriate by the child, family/caregiver and the Child/Family Team: physical and emotional well-being, risk and safety factors, nutrition, personal care needs,

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 child and her/his family. Treatment modalities will focus on supporting and assisting the child in achieving greater independence and fulfillment in her/his life, while improving her/his functioning, participation, and reintegration into the family home/resource home or potentially transitioning to an alternate out of home living situation.

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

- Developmentally appropriate training/coaching for the child and caregivers/staff to meet the individual's behavioral and emotional needs;
- Referrals for medical, dental, neurological, or other identified evaluations, as indicated;
- Instruction in learning adaptive frustration tolerance and expression, which may include emotion regulation;
- Instruction in stress reduction techniques/positive coping skills;
- 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 treatment plan;
- Support and training of the parent/guardian to successfully implement an individual treatment plan and other support services as needed in transitioning the child back home or to an alternative living arrangement.

Through this RFP, CSOC is also asking prospective applicants to consider the continuum of care from stabilization of the initial presenting crisis to the ultimate goal of returning home (preferred) or to an alternate out of home setting. Stabilization service providers must be able to safely address complex trauma and challenging behaviors including but not limited to: elopement, property destruction, physical/verbal aggression, self-injurious behaviors, cruelty to animals, enuresis, tantrums, challenges with 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;

- 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, and group that is developmentally appropriate for the target population;
- Family therapy i.e. structured family therapy and modeling;
- Allied therapies;
- Trauma imbued therapy;
- Nutritional assessment upon intake;
- Access to other services (including but not limited to psychological testing, medical services, etc.);
- Skill building, including activities of daily living and socialization skills:
- Structured recreational activities;
- Linkage to the child's current school (preferred);
- Robust system collaboration;
- Timely transition planning;
- Coordination with the Child Study Team.

Applicants are to provide details regarding the implementation of a program reflective of the System of Care Values and Principles, which in turn affects operations, policy, procedures, and implementation of the Stabilization and Assessment Services to be provided. DCF CSOC will support applicants 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 children have a stable, predictable, familiar, consistent, and nurturing experience. Applicants can demonstrate this attention in their descriptions of staffing patterns, how they intend to recruit and retain staff (particularly milieu staff), 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 concerned with the utilization of seclusion and restraint in out of home treatment settings. The reduction of seclusion and restraint (S/R) use has been given national priority by the US government and the DCF/CSOC through its SAMSHA Grant. S/R is viewed as a treatment failure rather than a treatment intervention. It is associated with high rates of patient and staff

injuries and is a coercive and potentially traumatizing and re-traumatizing intervention with no established therapeutic value.

The DCF/CSOC is committed to the reduction and ultimate elimination of the use of seclusion and restraints. This RFP requires applicants to describe how they will begin working toward that goal and what methods of descalation will be developed and documented. The use of police intervention needs to be clearly defined, as the CSOC understands their potential role, but does not recognize this as a hands-off approach.

The Six Core Strategies for Reducing Seclusion and Restraint Use is an evidence-based model that was developed by the National Association of State Mental Health Program Directors (NASMHPD) and has successfully reduced the use of S/R in a variety of mental health settings for children and adults across the United States and internationally. Applicants are required to submit as part of the Appendices a summary of no more than three (3) pages that describes how this model will be implemented within their program model. The summary must address the following six core strategies:

- 1) Leadership Toward Organizational Change
- 2) Use of Data to Inform Practice
- 3) Workforce Development
- 4) Use of S/R Prevention Tools
- 5) Consumer Roles in Inpatient Settings
- 6) Debriefing Techniques

Additional information on *The Six Core Strategies for Reducing Seclusion and Restraint Use* can be located via the following link: http://www.nasmhpd.org/sites/default/files/Consolidated%20Six%20Core%2 OStrategies%20Document.pdf

The awardee is responsible for participating in the trainings and for the implementation of the Nurtured Heart Approach* and Six Core Strategies to Reduce Seclusion and Restraints as it is being phased in across the state

*Offered through CSOC Training:

http://www.nj.gov/dcf/providers/csc/training/2016.CSOC.TrainingCourseCatalog.pdf

CSOC is particularly concerned with the management, treatment, and sequelae of trauma that affects so many children. Children 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. Individuals referred to this program have historically been subjected to other types of traumatic events, including but not limited to:

- Separation from primary relationships at an early age;
- Loss due to early and/or multiple significant separations, such as removal from the home due to abuse/neglect, unsuccessful adoptions, etc.
- Multiple placements with family members or resource homes;
- Exposure to family violence;
- Significant medical issues/procedures;
- Multiple screenings and/or hospitalizations.

Applicants must describe models of intervention that actively treat both underlying (both implicit and explicit) trauma and consequent dysregulation and attachment issues. Trauma affects children in a multitude of ways, such as disruption in emotional responses, behavior, cognition, physical health, self-concept and future orientation. Applicants must be cognizant of this fact and describe how they plan to assure the safety, predictability, and comfort of this vulnerable population.

All children shall have daily contact with clinically licensed professionals who are in regular consultation with the family/caregiver and psychiatrist. While children may not necessarily receive individual talk therapy on a daily basis, the program therapist shall provide other means of therapeutic support that may consist of developmentally appropriate treatment strategies. Applicants shall provide the clinical approaches to be utilized. The clinical professionals will also provide daily observation, assessment, and intervention when needed in support of the child and milieu staff. Providers shall provide up-todate knowledge and evidence based interventions designed to address the treatment needs of children appropriate for this Treatment/intervention is provided with the understanding that good mental health and positive relationships are essential to the overall health of the child.

An overriding goal of the Stabilization and Assessment Service is to facilitate adaptive skills, social skills, and life skills so that the child can live, learn, and participate in their communities with sufficient coping mechanisms. It is also paramount that children return to their own communities and families/caregivers within the shortest period of time possible. This will require close and consistent collaboration with the CMO and DCP&P. Within the proposal narrative applicants shall provide a clear and detailed plan on how they will collaborate with system partners in order to ensure the child's timely transition from this short-term program.

Out of home care is an intervention, and should not be seen or considered as permanent. With these tenets in mind, CSOC requires that all Stabilization and Assessment service providers comply with the following programmatic requirements and operational criteria.

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:

- Child:
- Family members;
- Natural supports as identified and selected by the child and family when possible;
- CSOC Care Management Organization (CMO);
- DCP&P Case Management entity (if applicable);
- CSOC Mobile Response and Stabilization Services (if applicable);
- Psychiatric Care Provider*;
- Nurse (Supervising RN);
- Allied Therapist(s);
- Milieu staff:
- Educational professionals;
- Licensed clinicians;
- Program Director;
- Program Transition Specialist;
- DCP&P and the CMO will ensure that families/caregivers are supported and integrated into the ongoing care, treatment and planning for the child.

*A psychiatric care provider is a Child and Adolescent Board Certified Psychiatrist or an Advanced Practice Nurse (APN) with a psychiatric specialty whose Collaborative Agreement describes the population of children 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.

Within the first 24 hours of admission:

If complete information is not available at time of admission, a
meeting will be held to ensure all relevant information required to
inform assessment and treatment activities is provided to the
treatment team. The meeting should involve all available parties,
including the child, family/legal guardian(s), DCP&P (if applicable),
CMO and other relevant supports.

Within the first 48 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 child and family.
- A nursing assessment will be completed and incorporated into the initial treatment and crisis plans.
- A Pediatric Assessment will be completed if a recent one does not accompany the child.
- The child and his/her family will be oriented to the services.
- All necessary consents and releases will be completed and filed.
- The child's home school will be contacted to determine if child can continue as a student; coordination of transportation will be initiated.
- The child will be referred to the CMO if not already active.
- Outreach from the Program Transition Specialist to the family, CMO, and DCP&P (if applicable) in order to begin discussion regarding transition planning for the child.

Within 72 hours of admission:

- A psychiatric assessment, report, and recommendations will be completed.
- A bio psychosocial assessment and accompanying recommendations will be completed as needed.
- A comprehensive crisis plan will be developed for each child in collaboration with the family/care giver/DCP&P/CMO. The crisis plan will identify triggers and provide specific interventions for staff. This crisis plan shall be updated on a regular basis.

Within the first week of admission:

- A treatment team meeting, which should include the family/care giver/DCP&P/CMO, will be conducted and a comprehensive treatment and discharge plan that integrates all of the treatment team's input, assessments and recommendations will be completed. The treatment plan 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 child to be considered discharge ready.
- A Nutritional screening will be completed.
- A Psychological evaluation will be completed as is deemed necessary.

• Educational programming will be arranged (if child cannot remain at current school).

Each day:

- Comprehensive and well-documented communication regarding significant events, child's behaviors, and other relevant information will be provided for each shift.
- During the change of shifts meetings will be convened to monitor the emotional well-being of each child.
- All children will be properly supervised; a ratio of 1 milieu staff for every 3 children (1:3 ratio) must be maintained at all hours with a minimum of 2 awake staff on at all times - including while children are asleep. The program must demonstrate the capacity to provide 1:1 supervision as needed. Required supervision ratios must be maintained during crisis situations.
- All children 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 prescribed.
- Children will be transported to medical appointments, family visits, community outings, and any other off-site requisite activities as needed.
- The therapeutic staff (for identified child) will have face-to-face contact and "check-in" daily.
- The Program Transition Specialist will have a daily check-in with staff in order to obtain necessary updates for transition planning.
- Families/care givers/DCP&P/CMO will be apprised of the child's care and progress.

All required documentation and activities will be provided in accordance with applicable licensing regulations and the Addendum to Administrative Order 2:05, which address the reporting of Unusual Incidents.

Prior to discharge:

- The team will provide a "step down" action plan that details weekto-week activities supporting a smooth and planful transition from treatment. At a minimum, the action plan must include:
 - More than two (2) meetings of the stabilization and assessment services treatment team to discuss child and family strengths, continuing goals, successful strategies, and potential pitfalls;

- "Set back" plan for times during the transition phase during which a child and/or family encounter challenges that make transition appear compromised. This plan will identify the critical staff necessary to re-focus, rally, and support the child and family through to transition;
- Action steps that child and family will take to build on successes and achievements that were accomplished during treatment.
- For those children being transitioned home and into the community, services from an Intensive In-Community (IIC) clinician, will/may be built into the community plan. In order to provide for a seamless transition back home for applicable children, the in-home service provider will require access to Stabilization and Assessment services program, at a minimum of two weeks prior to transition out. The IIC clinician would be required to gather information via observation and interaction with the child at the Stabilization and Assessment service program accompanied by the awardee(s)'s program staff and any other treatment team members (nurse, dietician, etc.), review clinical records, gain understanding of the child's strengths and needs and family dynamics. This would be an introduction for the IIC clinician to the child prior to going into the home and equipping the IIC clinician with a strong understanding of the child's treatment needs and care plan. This enables the IIC to work closely with the parents on the ongoing care plan, provide modeling and modify it where needed more quickly. The mutual familiarity provides a sense of security and increased confidence for the family. After a distinct period of time, as determined in the ISP, the IIC would begin to titrate out and return on an as needed basis as indicated in the plan of care. If there are geographic or other barriers that hinder linkage to IIC prior to discharge, details surrounding creative solutions shall be addressed in the comprehensive transition plan.

Staffing Structure:

The Agency CEO or equivalent is required to sign, date, and submit Attachment 1 "Stabilization and Assessment Services Staffing Attestation" with the proposal. This document is attestation that you will meet the minimal requisite staffing, credentials, and experience consistent with the scope of services delineated in this RFP.

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.

Proposals without the "Stabilization and Assessment Services Staffing Attestation," 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 child; 75% of which must be faceto-face time with child 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 child as needed Clinical visit with family as needed
- Attend treatment team meeting (monthly)
- 24/7 availability by contract

A Pediatric Advanced Practice Nurse or Pediatrician will provide:

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

Licensed clinician(s) (LCSW, LPC or Psychologist) who is clinically licensed to practice in NJ OR a Master's level practitioner with appropriate licensure (MSW must have LSW licensure and MA/MS must have LAC licensure) who is three years or less from NJ clinical licensure and is practicing under the direct and on-site supervision of a clinician who is clinically licensed to practice in NJ.

The Clinician will provide:

- 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 child (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 as applicable(weekly)
- Group therapy as 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)
- Will provide a minimum of eight (8) hours per week and be available via telephone for emergency consultation.

Milieu staff - Bachelor's level practitioner(s) or high school graduate(s) with 3-5 years of experience providing direct care to children with behavioral health challenges in a behavioral health agency or institutional setting, will provide:

- 112 hours per week per child (represents multiple FTEs)
- Child orientation (within the first 24 hours of admission)
- Milieu activities (daily)
- Community integration via focused, age appropriate recreational activities (weekly)
- Direct client supervision (daily)
- Attend treatment team meeting (monthly)
- Data collection (daily, as indicated)
- Instruction/assistance in Activities of Daily Living (daily, as indicated)
- Clinical staff/ Administrative staff/ milieu 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) (licensed when applicable) will provide:

- 6 hours per week per child;
- Recreation/Leisure Assessment and report (within the first week)
- Allied activities that are based on the cognitive and emotional needs of the child in the milieu and require identified outcome measures:
- Activities shall be structured and guided and participatory in nature; examples may include, but not limited to, yoga, movement, music, art therapy, vocational, etc.;
- Allied activities must be directly related to the child's treatment planning needs;
- Allied therapies may occur both on grounds and within the community;

 The individual providing a particular allied activity should hold credentials, where appropriate, and must follow the requirements for screening/background checks.

Program Transition Specialist- Bachelors level practitioner(s) with 3-5 years relevant experience or an unlicensed Master's level practitioner with 1-year relevant experience will:

- 7.0 hours per week per child;
- · Conduct family orientation in the first 24 hours;
- Review and sign of all required paperwork and consents within the first 48 hours of admission;
- Demonstrate collaborative relationships with system partners including CMO and DCP&P (if involved) and knowledge of system of care procedures and resources;
- Daily check in with program staff in order to obtain necessary information for transition planning;
- Contact with parent/caregiver at minimum twice per week in order (more frequently as deemed necessary) in order to discuss status of their child's transition plan;
- Provide, as needed, on-site family psycho educational activities tied to comprehensive treatment and discharge plan monthly;
- On a weekly basis, will gather input from all team members and enter a weekly summary in the child's progress notes within CSOC's CSA's HER;
- Attend 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 children. The responsibilities of the nurse health educator shall include, but need not be limited to, the following:

- Assess the physical condition of the child in the program under the direction of the medical director or psychiatrist and integrate findings into the child's treatment plan;
- Provide education and support to milieu 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 3 hours per week per child, 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);
- Medication dispensing as needed, when milieu staff is unable
- Attend debriefing on child status (daily);
- Health/Hygiene/ (weekly);
- Medication education (monthly);
- Attend treatment team meetings (monthly);
- Provides assistance with ADLs.

Service/Program Director with a Master's degree in a behavioral health field and three (3) years post M.A. experience (License Preferred and 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
- Dedicated, full-time, on-site

Staff Training

All staff must be appropriately trained in mental health and children's services. Required trainings include and are not limited to:

- Crisis Management
- Suicide Prevention
- Trauma Informed Care
- Training in the Nurtured Heart Approach
- Medication protocols
- 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)

Student Educational Program Planning Requirements:

The awardee will be expected to facilitate the ongoing provision of an appropriate educational program as required under federal and State education law through communication with the child's school district. DCF does not fund educational programs and services that children are entitled to

under those laws or provide on-site educational services for children in outof-home treatment settings. As such, the awardee will be expected to
collaborate with the educational entities responsible for providing
educational services and funding for those services. In so doing, the
awardee must recognize that Stabilization and Assessment Services
are intended to be short-term. As such, efforts must be made to work
with the child's school district to maintain the child at his/her current
educational placement when possible. This will allow the child to receive
his/her educational program along with existing supports such as
Occupational, Physical and Speech Therapies, in a familiar setting with
teachers and staff who know the child and avoid further disruptions and
changes that might exacerbate the underlying crisis triggering admission to
services.

Consistent with those responsibilities, Applicants must:

- Describe its procedures for ensuring that a child receiving Stabilization and Assessment Services are receiving an appropriate educational program, including efforts to maintain the child in his/her current educational placement.
- Provide a plan for collegial and proactive coordination with educational providers for both classified and non-classified children, including procedures for ensuring that information is shared consistent with the applicable federal and State confidentiality laws.
- Applicant organizations that operate a Department of Education (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.
- Awardee(s) that do not operate a DOE approved school must demonstrate at the time of contract negotiation that a commitment has been obtained or how it will be obtained from the local public school district in which the home is located to register, enroll, and educationally serve all general and special education students residing in the home. 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.

Student Educational Program Operations 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 child.

- Genuine and proactive coordination and collaboration between the awardee and educational providers is expected. To that end, applicants must describe:
 - The strategies to be employed to coordinate co-occurring clinical treatment with educational planning and service delivery;
 - The daily before and after school communication strategies with school staff;
 - The daily support of student homework, special projects, and study time;
 - The specific strategies, including responsible staff and timelines, for including families-of-origin and/or natural supports available to the child in educational update, progress, and planning;
 - The availability of computers for student use to support homework and projects;
 - Mechanisms to stay abreast of the educational progress of each student:
 - o Problem resolution strategies; and
 - Ongoing participation in the educational program of each student.

All Applicants must also articulate a plan for:

- Immediate and therapeutic responses to problems that arise during the school day;
- The supervision of students who are unable to attend school due to illness or suspension;
- The supervision of and programming for students during school breaks/vacations;
- Planned collaboration with all school personnel ensuring the child remains in school as appropriate;
- Adequate supervision, programming, and professional staff contact in support of home instruction as provided in accordance with educational regulation.

Outcome Evaluation:

This RFP represents an outcomes approach to awarding services for children with behavioral health and emotional challenges who are engaged with or at risk of child welfare involvement. The outcome evaluation includes setting outcomes, establishing indicators, a transformative experience to children in order 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 children 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 children and families, and collaborative activities that support children and their families. Applicants 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 children, 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. In order to support sensitive and responsive management of these specialty services and to inform future practice, regulation, and "sizing", applicants to this RFP are to give outcomes special consideration in their response. Applicants must articulate a robust quality assurance and performance improvement (QA/PI) plan that includes all members of the service: children, families, and all levels of staff. QA/PI plans and data must be submitted quarterly to CSOC. Applicants 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 must focus on transition success, (i.e.: lower intensity of service, supports coordinated prior to discharge, length of time a child remains in program, and level of community integration).

- Program will collect "3-D" satisfaction surveys from children, family members, and other providers for 75% percent of all children 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.

Additional Requirements

Licensure:

Applicants must provide evidence of, or demonstrated ability to meet, all NJ Department of Children and Families and other applicable State and Federal Licensure standards. DCF Office of Licensing standards as specified in the Manual of Requirements for Children's Group Homes (N.J.A.C.10:128) can be accessed at: http://www.nj.gov/dcf/providers/licensing/laws.

Accreditation:

CSOC requires that awarded programs will be Joint Commission, COA, or CARF accredited or, if not currently accredited, achieve accreditation within twenty four (24) months of award.

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.

No Eject/No Reject Policy:

The awardee must comply with DCF CSOC 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 an e-mail to the DCF CSOC Stabilization and Assessment services liaison. DCF CSOC will review these challenges and make the final decision within 2 business days of receiving the e-mail. This 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 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 transition a child who is enrolled from their service without first contacting and receiving written approval from DCF CSOC. The facility must submit this request in writing with supporting documentation. DCF CSOC will make the final determination about disposition for the child.

Eject/Reject Follow-up:

Careful controls and monitoring regarding the number and type of disputes will be maintained by DCF 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.

Provider Information Form:

The awardee 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 where needed, 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 child-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 served by an agency may lead to confusion and misinformation.

Without the appropriate context, the general public may wrongly assume that all children 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 children served. The web site should also provide visitors with a mechanism for contacting upper administrative staff quickly and seamlessly.

Software and Data:

All applicants are advised that any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology.

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

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.

D. Funding Information:

For the purpose of this initiative, the Department will make available up to an annualized amount of \$2,427,250 thereafter as funding is available and contracts are renewed. Continuation funding is contingent upon the availability of funds in future fiscal years.

The per diem rate per child is \$665 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 child. 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 startup costs are permitted and must be reasonable. Applicants must provide a justification and detailed summary of all expenses that must be met in order to begin program operations (See under <u>Budget</u> section).

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. If Applicant is under a corrective action plan with DCF, or any other New Jersey State agency or authority, the Applicant may not submit a proposal for this RFP. Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action plan have been eliminated to the satisfaction of DCF for a period of 6 months
- 4. Applicants shall 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.
- 5. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
- 6. Where required, all applicants must hold current State licenses.
- 7. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
- 8. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
- Applicants must have the ability to achieve full operational census within 90 days of contract execution. Extensions may be available by way of written request to the CSOC Division Director. <u>Award is</u> <u>subject to be rescinded if not operationalized within six months</u> <u>of RFP award.</u>
- 10. 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 online at www.dnb.com/www.dnb.com/www.dnb.com/www.dnb.com/www.dnb.com/www.dnb.com/www.dnb.com/www.dnb.com/www.dnb.com/

11. 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:

December 23, 2016	Notice of Availability of Funds/RFP publication
January 27, 2017	Deadline for Email Questions sent to DCFASKRFP@dcf.state.nj.us at 12:00PM
January 31, 2017	Mandatory Bidders Conference at 10:00AM
March 22, 2017	Deadline for Receipt of Proposals by 12:00PM

Proposals received after 12:00 PM on March 22, 2017 will **not** be considered. Applicants shall submit **one (1) signed original** and should submit **one CD ROM** as indicated below.

Proposals must be delivered either:

1) In person to:

Catherine Schafer, Director of Grants Management, Auditing and Records Department of Children and Families 50 East State Street, 3rd floor Trenton, New Jersey 08625-0717

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

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

Catherine Schafer, Director of Grants Management, Auditing and Records Department of Children and Families 50 East State Street, 3rd floor Trenton, New Jersey 08625-0717

Applicants submitting proposals in person or by commercial carrier shall submit **one (1) signed original** and should submit **one CD ROM** with all documents.

3) Online:

DCF offers the alternative for our bidders to submit proposals electronically. Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission by submitting an AOR form.

AOR Registration forms and online training are available on our website at: www.nj.gov/dcf/providers/notices/

Forms are directly under the Notices section-See Standard Documents for RFPs

- Submitting Requests for Proposal Electronically PowerPoint (pdf)
- Registration for the Authorized Organization Representative (AOR) Form

We recommend that you do not wait until the date of delivery in case there are technical difficulties during your submission. Registered AOR forms may be received 5 business days prior to the date the bid is due.

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 nonresponsive 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 below. 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 to this RFP as **Exhibit A.**

Applicants must comply with laws relating to Anti- Discrimination. A copy is attached to this RFP as **Exhibit B.**

Applicants must submit with their response to this RFP all of the documents listed in **Exhibit C**: CSOC Pre Award Documents Required to Be Submitted with a Response to a OOH RFP.

Applicants who receive an award letter after submitting a response to this RFP **thereafter** must submit as a condition of receiving a contract, all of the documents listed in **Exhibit D**: CSOC Post-Award Documents Required To Be Submitted for Contract Formation if the Response to the OOH RFP Results in an Award. **Exhibit D**, therefore, provides notice to applicants who are successful in securing an award that the listed documents will be required to be submitted to your assigned contract administrator, or maintained on site as indicated, after notice of award as a condition of receiving a contract.

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 4th 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

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 <u>Standard Language Document</u>, the <u>Contract Reimbursement Manual and the Contract Policy and Information Manual</u>. Applicants may review these items via the Internet at <u>www.nj.gov/dcf/providers/contracting/manuals</u>

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:

- 1. A copy of the Acknowledgement of Receipt of the NJ State Policy and Procedures returned to the DCF Office of the EEO/AA
- 2. DCF Third Party Contract Reforms Attestation
- 3. Proof of Insurance naming DCF as additionally insured from agencies
- 4. Bonding Certificate
- 5. Notification of Licensed Public Accountant (NLPA) with a copy of Accountant's Certification
- 6. ACH- Credit Authorization for automatic deposit (for new agencies only)

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 required font is Arial 12 point. Other fonts, including Arial Narrow, will not be accepted. 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. The narrative must be organized appropriately and address the key concepts outlined in the RFP. Annex B budget pages, and attachments do not count towards the narrative page limit.

Proposals may be fastened by a heavy-duty binder clip. Do <u>not</u> 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 ensure 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 children will have a stable, familiar, consistent, and nurturing experience through staffing patterns, the management of children cohorts, site design and utilization, and the type, scope and frequency of family/caregiver involvement
- Describe program's ability to accept emergent admissions
- Describe how the agency will engage and sustain 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 children move from being "managed" to being "engaged in treatment"
- Describe direct care staff's supervision of child and staff/child ratios
- Provide specifics on program's ability to manage medically compromised children, including staggering of nurse's schedule
- Fully articulate the management and treatment models to be utilized, including the use of evidence-based, informed, or suggested interventions
- Describe 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 children and how it will be integrated it into the treatment plan
- Attach curricula Table of Contents for age and developmentally appropriate psycho-educational groups.

- Identify and describe the geographic location(s) of the services
- Describe developmentally and age appropriate community based activities the program will provide
- Describe how the program will engage families in discharge planning-Include how the program will work with families to access services so that the children can transition home
- 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
 - o Recruit all necessary staff
 - o Train all staff
 - o Complete Medicaid application
 - Complete Provider Information File and meet with the CSA
 - Meet with the Local Education Authority to ensure coordinated care for children
- Include a description of child data to be recorded, the intended use of that data, and the means of maintaining confidentiality of child 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.)
- Attach three (3) letters of support/affiliation from community-based organizations

Program Requirements for Student Education

- Due to the short-term nature of the program, it is preferred to keep children enrolled at their current school when available so they can continue to receive any existing supports such as Occupational, Physical and/or Speech Therapies, Applied Behavioral Analysis, etc.
- For children unable to remain in their original school district describe the arrangements for or access to appropriate educational programs and services for special education and general education students.
- 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 children 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

Governance and Staffing

- Describe the management & staff supervision methods that will be utilized
- Indicate the number, qualifications, and skills of all staff, consultants, sub-awardees, 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 reflect all educational and experiential requirements of this RFP; salary ranges; and resumes of any existing staff who will perform the proposed services. Applicants must:
 - Identify the 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
 - o 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
 - Human Trafficking Identification

The New Jersey Department of Children and Families endorsed Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child Standards in August 2013 (The "Standards"). The Standards are a preventative tool for implementing policies and procedures for organizations working with children and children and through their implementation, an organization can minimize the risks of the occurrence of child sexual abuse.

The Standards are available at: http://www.state.nj.us/dcf/SafeChildStandards.pdf

As an Appendix, provide a brief (no more than 2 pages double spaced) Standards Description demonstrating ways in which your agency's operations mirror the Standards.

3) Outcome Evaluation

(10 Points)

Describe the outcome measures that well 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 \$1, 213, 625 per 5 bed program, in funds provided under this award. The facility must also assure a **generator** is installed and operational to address any power outages (to full agency capacity) that may occur. Purchase and installation of generators are acceptable as part of startup funds.

The completed budget proposal must also include a detailed summary of and justification for any requested one-time operational startup 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
- Costs may not exceed 5% of the award (up to \$60, 681 per 5 bed program)
- All start-up costs are subject to contract negotiations

- Start-up cost funds will be released upon execution of finalized contract and are paid via Schedule of Estimated Claims (SEC)
- Start-up costs must be delineated on separate column in the proposed Annex B Budget and be described in the Budget Narrative, attached as an Appendix
- All start-up costs are subject to contract negotiations

The awardee must adhere to all applicable State cost principles.

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

5) Reduction of Seclusion and Restraint Use (5 Points)

The Six Core Strategies for Reducing Seclusion and Restraint Use is an evidence-based model that was developed by the National Association of State Mental Health Program Directors (NASMHPD) and has successfully reduced the use of S/R in a variety of mental health settings for children and adults across the United States and internationally². Applicants are required to submit as Appendices a summary of no more than 3 pages that describes how this model will be implemented within their program model. The summary must address the following six core strategies:

- 1) Leadership Toward Organizational Change
- 2) Use of Data to Inform Practice
- 3) Workforce Development
- 4) Use of S/R Prevention Tools
- 5) Consumer Roles in Inpatient Settings
- 6) Debriefing Techniques

Additional information on *The Six Core Strategies for Reducing Seclusion* and Restraint Use can be located at:

http://www.nasmhpd.org/sites/default/files/Consolidated%20Six%20Core %20Strategies%20Document.pdf

B. Supporting Documents:

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent and should submit a CD ROM containing all the documents in PDF or Word format. 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. 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
	Proposal Cover Sheet – Use the RFP forms found directly under the Notices section on
	Website: www.nj.gov/dcf/providers/notices/
	Form: http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc
	Table of Contents – Please number and label with page numbers if possible in the order as stated in Part I & Part II Appendices for paper copies, CD and electronic copies.
	Proposal Narrative (25 page limit) in following order:
	 a) Applicant Organization b) Program Approach c) Outcome Evaluation d) Budget and Budget Narrative e) Reduction of Seclusion and Restraint
	c, resulting establish and restraint
	Part II: Appendices: As a Condition of receiving an award, the documents below are required to be submitted with your response to the RFP as appendices, Attachment 1, in addition to all of the documents listed in Exhibit C , and D.
1.	Summary of Reduction of Seclusion and Restraint Use (Max 3 pages)
2.	Job descriptions that reflect all educational and experiential requirements of this RFP; salary ranges; and, resumes of any existing staff that will provide the proposed services. Please do not provide home addresses or personal phone numbers.

3.	Current Agency Organization Chart
4.	Policy or procedures regarding timelines; program operations; and, staff responsible for admission, orientation, assessment, engagement, treatment planning, transition planning.
5.	Three (3) written professional letters of support on behalf of the applying individual/agency specific to the provisions of services under this RFP/RFQ (references from New Jersey State employees are prohibited). Please include telephone numbers and e-mail for all references so they may be contacted directly.
6.	Letters of affiliation and proposed Student-School-Service Provider contracts, if graduate students will be involved in the provision of care
7.	Attach Curricula Table of Contents for age, gender, and developmentally appropriate psycho-educational groups
8.	Budget Narrative and Narrative Explaining Optional Start Up Facility Renovations Costs (See Budget Section)
9.	Copies of any audits or reviews completed or in process by DCF or other State entities from 2014 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. If not applicable, include a written statement.
10	A copy of the letter from the accrediting body regarding the agency's accreditation status. If not applicable, include a written statement.

C. Requests for Information and Clarification

DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures at the technical assistance meeting indicated in this RFP. All prospective applicants must attend a Bidders Conference and participate in an 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.

Questions may be emailed in advance of the Bidders Conference to DCFASKRFP@dcf.state.nj.us. Applicants may also request information and/or assistance from DCFASKRFP@dcf.state.nj.us until the Bidders Conference. Inquiries will not be accepted after the closing date of the Bidders Conference.

Written questions must be directly tied to the RFP. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP. All inquiries submitted to DCFASKRFP@dcf.state.nj.us must identify, in the Subject heading, the specific RFP for which the question/clarification is being sought. Each question should begin by referencing the RFP page number and section number to which it relates.

Written inquiries will be answered and posted on the DCF website as a written addendum to the RFP at: http://www.state.nj.us/dcf/providers/notices/

Technical inquiries about forms and other documents may be requested anytime.

All other types of inquiries will not be accepted. Applicants may not contact the Department directly, in person, or by telephone, concerning this RFP.

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.

ATTACHMENT 1

State of New Jersey-Department of Children and Families						
Minimum	Staffing	Requirements-	Stabilization	and	Assessment	
Services						

1. l,	(Name)				am	the	(Title)
		of the	(Name	of	Pro۱	/ider	Agency)

The following are the *minimum* staffing credentials and requirements for a DCF contracted provider of Stabilization and Assessment services. This is not to be interpreted as comprehensive of the total responsibilities each staff member will manage.

Position	Qualifications	Other requirements	Hours/child/week
Psychiatrist or APN	MD, BC/BE/APN. Board certified child psychiatrist or psychiatric APN in affiliation with a board certified child psychiatrist.	Initial treatment and crisis plan (within 1st 24 hours); psychiatric intake assessment and report (within 1st week).	1.25 clinical hours per week per child; 75 % of which must be face-to-face time with child and/or families.
Pediatric APN or Pediatrician	MD, BC/BE/APN. NJ licensed, board certified.	Pediatric assessment and report (within 1st 24 hours).	24/7 availability by contract.
NJ licensed therapist (clinician) Masters level therapist	Masters, LCSW, LMFT, LPC, NJ licensed psychologist Masters under the supervision of NJ licensed practitioner with documented plan to achieve licensure within 3 years.	IMDS strengths and needs assessment (within 1st 24 hours); initial treatment and crisis plan (within 1st 24 hours); biopsychosocial assessment and report (within 1st week); comprehensive treatment and discharge plan (within 1st week). Individual, group, family therapy as needed. Member of treatment team.	8 hours per week per child. Must be available by telephone for emergencies.

Program Transition Specialist	Bachelors level practitioner(s) with 3-5 years relevant experience or an unlicensed Master's level practitioner with 1-year relevant experience will:	 Conduct family orientation in the first 24 hours; Review and sign of all required paperwork and consents within the first 48 hours of admission; Contact with parent/caregive r at minimum twice per week in order (more frequently as deemed necessary) in order to discuss status of their child's transition plan. Provide, as needed, on-site family psycho educational activities tied to comprehensive treatment and discharge plan monthly; 	• 7.0 hours per week per child
Allied clinical therapist	Licensed where applicable.	Recreation/leisure assessment and report (within 1st week).	6 hours per week per child
Nurse/RN	Registered nurse (RN) or a licensed practical nurse (LPN), under the supervision of an RN, with a current NJ nursing license and one year direct care nursing experience with children.	Initial treatment and crisis plan consultation (within 1st 24 hours and then weekly); nursing assessment and report (within 1st 24 hours).	3.0 hours per week per child; 30% must be provided by an RN).
Psychologist Milieu staff	PhD, PsyD, and Ed.D. BA or HS with 3-5 years' experience providing direct care to	Child orientation (within 1st 24 hours).	2 hours at intake, then as needed. 112 hours per week per child (represents multiple FTEs).

	children with behavioral health challenges in a behavioral health agency or institutional setting.		
Dietician			.50 hours at intake; then as needed.
Service/program director	MA with 3 years post MA experience in behavioral health field (at least one of which shall be in a supervisory capacity).	Attend monthly treatment team meetings; oversee all quality assurance / program improvement activities	FT dedicated, onsite.

2. By my signature below, I hereby certify that I have read and understand the *minimum* staffing requirements for a DCF contracted provider of Stabilization and Assessment services outlined in this document.

CEO or Equivalent	Title	Signature	Date	
(please print)		-		

EXHIBIT A

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

N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

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

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

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

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

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

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

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

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

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

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

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically available at www.state.nj.us/treasury/contract_compliance).

The contractor and its subcontractors shall furnish such reports or other documents to the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**.

EXHIBIT B

TITLE 10. CIVIL RIGHTS CHAPTER 2. DISCRIMINATION IN EMPLOYMENT ON PUBLIC WORKS

N.J. Stat. § 10:2-1 (2012)

§ 10:2-1. Antidiscrimination provisions

Antidiscrimination provisions. Every contract for or on behalf of the State or any county or municipality or other political subdivision of the State, or any agency of or authority created by any of the foregoing, for the construction, alteration or repair of any public building or public work or for the acquisition of materials, equipment, supplies or services shall contain provisions by which the contractor agrees that:

- a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;
- b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;
- c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and
- d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

No provision in this section shall be construed to prevent a board of education from designating that a contract, subcontract or other means of procurement of goods, services, equipment or construction shall be awarded to a small business enterprise, minority business enterprise or a women's business enterprise pursuant to P.L.1985, c.490 (*C.18A:18A-51* et seq.).

EXHIBIT C

CSOC <u>Pre Award</u> Documents Required to Be Submitted with a Response to an Out of Home RFP

Rev. 7-1-16

>	COI	NTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RFP RESPONSE:
1		Signed Standard Language Document (SLD) [Version: Rev. June 6, 2014] Form: http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc
2		Business Associate Agreement/HIPAA , with signature under Business Associate [Version: Rev. 9-2013] Form: http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc
3		Source Disclosure Certification Form [P.L. 2005, c 92-formerly Executive Order 129] Website: http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf Form: http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf
4		Dated List of Names, Titles, Addresses & Terms of Board of Directors or Managing Partners , if an LLC or Partnership
5		Disclosure of Investigations & Other Actions Involving Bidder Form (PDF) Signed and all appropriate boxes checked. http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf
6		Disclosure of Investment Activities in Iran (PDF) Signed and all appropriate boxes checked http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf
7		For Profit: Statement of Bidder/Vendor Ownership Form (PDF) http://www.state.nj.us/treasury/purchase/forms/OwnershipFinal12-14.pdf
8		Subcontract/Consultant Agreements related to this RFP/RFQ - If not applicable, include a written statement
9		Document showing Data Universal Numbering System (DUNS) Number [2006 Federal Accountability & Transparency Act (FFATA)] Website: http://www.dnb.com Helpline: 1-866-705-5711
10		Certificate of Incorporation Website: http://www.nj.gov/treasury/revenue/filecerts.shtml
11		For Profit: NJ Business Registration Certificate with the Division of Revenue. See instructions for applicability to your organization. If not applicable, include a written statement. Website: http://www.nj.gov/njbusiness/registration/
12		Agency By Laws or Management Operating Agreement if an LLC
13		Tax Exempt Certification Website: http://www.state.nj.us/treasury/taxation/exemption.shtml
14		Statement of Assurances - Use the RFP forms found directly under the Notices section on Website: www.nj.gov/dcf/providers/notices/ Form: http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc

	со	NTRACT DOCUMENTS TO BE SUBMITTED ONCE WITH THE RFP RESPONSE: (continued)
15		Safe-Child Standards Description – Submit a brief statement demonstrating ways in which your agency will implement
		the "Standards" (2 pgs. max. double spaced) Policy: http://www.state.nj.us/dcf/SafeChildStandards.pdf
		Folicy. http://www.state.nj.us/uci/sarechiustanuarus.pur
16		For Profit: Two-Year Chapter 51/Executive Order 117 Vendor Certificationand
		Disclosure of Political Contributions [Version: Rev 4/17/15]
		See instructions for applicability to your organization. If not applicable, include a written statement. Website: http://www.state.nj.us/treasury/purchase/forms.shtml
		Website: http://www.state.inj.us/ ii eusur y/ pur enuse/ forms.snam
17		Chapter 271/Vendor Certification and Political Contribution Disclosure Form
		Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf
		FOITH. Inttp://www.state.nj.us/treasury/purchase/forms/certanubiscz/06.pur
18		Proposed Annex B Budget Form documenting anticipated budget (Include Signed Cover Sheet)
		Annex B: http://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
		Note: Expense Summary Form is auto populated. Degin data input on Fersonnel Detail Fab.
19		Proposed Program Implementation Status Update Form documenting anticipated implementation schedule
		Website: http://nj.gov/dcf/providers/contracting/forms/csoc.html
•	СО	NTRACT DOCUMENTS TO BE SUBMITTED WITH THE RFP RESPONSE & ANNUALLY UPDATED THEREAFTER:
20		System for Award Management (SAM) printout showing "active" status (free of charge)
		Website: https://www.sam.gov/portal/public/SAM Helpline: 1-866-606-8220
21		Tax Forms:
		Non Profit Form 990 Return of Organization Exempt from Income Taxor
		For Profit Form 1120 US Corporation Income Tax Returnor LLC Applicable Tax Form and may delete or redact any SSN or personal information
		Applicable Tax Torin and may defect of Tedact any 35N of personal information
22		Affirmative Action Certificateor Renewal Application [AA302] sent to Treasury
		Website: http://www.state.nj.us/treasury/purchase/forms.shtml
		Form: http://www.state.nj.us/treasury/purchase/forms/AA %20Supplement.pdf
23		Most recent Audit or Financial Statement (certified by accountant or accounting firm)
		Audit: For agencies expending over \$100,000 in combined Federal/State Awardsor
		Financial Statement: For agencies expending under \$100,000
24		Policy: http://www.nj.gov/dcf/documents/contract/manuals/CPIM p7 audit.pdf
24	╽╙	Annual Report to Secretary of State Website: https://www1.state.nj.us/TYTR COARS/JSP/page1.jsp
25		Certification Regarding Debarment
		Form: http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf
26		Non Profit: Annual Report - Charitable Organizations - If not applicable, include a written statement
		Website: http://www.njpublicsafety.org/ca/charity/charfrm.htm
27		Professional Licenses related to job responsibilities for this RFP - If not applicable, include a written statement
28		Proposed Organizational Chart for Services Required by this RFP
29		Proposed Program Staffing Summary Report (PSSR) documenting anticipated staff levels and assignments
		Form: OOH Program Staffing Summary Report April 2015.xls
		Website: http://nj.gov/dcf/providers/contracting/forms/csoc.html

EXHIBIT D

CSOC <u>Post-Award</u> Documents Required To Be Submitted for Contract Formation If the Response to the Out of Home RFP Results in an Award

Rev. 06-29-16

•	CON	TRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT:
1		Acknowledgement of Receipt of NJ State Policy & Procedures returned to the DCF Office of EEO/AA Form: http://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf Policy: http://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf
2		<u>For Each Site Hosting Children</u> : Certificate of Occupancy or Continued Certificate of Occupancy (e.g. AAS, OVR, OOH programs) If not applicable, include a written statement.
3		For Each Site Hosting Children: Copy of Lease, Mortgageor Deed (e.g. AAS, OVR, OOH programs) If not applicable, include a written statement.
4		Document showing NJSTART Vendor ID Number (NJ's eProcurement system) Website: https://www.njstart.gov Help Desk: Call 609-341-3500or Email njstart@treas.nj.gov
5		<u>If Applicable</u> Signed Schedule of Estimated Claims (SEC) - Provided by contract administrator if applicable
6		Updated Annex B Budget Form -updates to the proposed Annex B Budget Form submitted with the Response to the RFP (Include Signed Cover Sheet) Annex B: http://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
7		Updated Program Staffing Summary Report (PSSR) -updates proposed PSSR submitted with the Response to the RFP Form: OOH Program Staffing Summary Report April 2015.xls Website: http://nj.gov/dcf/providers/contracting/forms/csoc.html
8		A request for OOL Waiver if applicable for Hub Model Configuration in accordance with OOL communications.
9		Medicaid Provider Enrollment Application provided by Contract Administrator.
•	CON	TRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT & WHEN RENEWED OR AMENDED:
10		If Applicable Annex A (Include: Summary, Agency Documents 1.1, 1.2, 1.3 & Program Component Documents 2.1, 2.2, 2.3, 2.4 & 2.5)or other CSOC Approved Form Annex A: http://www.nj.gov/dcf/providers/contracting/forms CSOC Form: Provided by contract administrator if applicable (e.g. OOH Annex A Attestation, Program Summary Form, PSSR)
11		If Applicable Annex A Addendum (For Each Program Component) - Submitted online in CYBER
12		If Applicable Annex B-2 - Provided by contract administrator if applicable

•	CON	TRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD & ANNUALLY UPDATED THEREAFTER:
13		Liability Insurance (Declaration Page and/or Malpractice Insurance) 1. Certificate Holder: NJDCF, 50 East State St., Floor 3, POB 717, Trenton, NJ 08625and 2. Policy should state in writing that DCF is an "additional insured" Refer to policy for Minimum Standards for Insurance: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf
14		Employee Fidelity Bond Certificate (commercial blanket bond for dishonest acts) Refer to policy for Minimum Standards for Insurance: http://www.nj.gov/dcf/documents/contract/manuals/CPIM p8 insurance.pdf Note: Must be at least 15% of the full dollar amount of all State of NJ contracts for the current year when the combined dollar amount exceeds \$50,000. If not applicable, include a written statement.
	CON	TRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD & ANNUALLY THEREAFTER: (continued)
15		Notification of Licensed Public Accountant (NLPA)and copy of non-expired Accountant Certification Form: http://www.nj.gov/dcf/documents/contract/forms/nlpa.doc Note: Not required for agencies expending under \$100,000 in combined Federal/State Awards. If not applicable, include a written statement.
16		<u>For Each Site Hosting Children</u> : Health/Fire Certificates (e.g. AAS, OVR, OOH programs) If not applicable, include a written statement.
17		For Each Site Hosting Children: Current DCF Office of Licensing Certificate (e.g. OVR & OOH programs) If not applicable, include a written statement. Website: http://www.state.nj.us/dcf/about/divisions/ol/index.html
18		Equipment Inventory for items purchased with DCF Funds - If not applicable, include a written statement. Policy: http://www.nj.gov/dcf/documents/contract/manuals/CPIM p4 equipment.pdf
19		Annual Report of Expenditures (ROE) Annex B (within 120 days of FY end) Form: http://nj.gov/dcf/providers/contracting/forms/
20		Significant Events (see DCF.P1.11) Website: http://nj.gov/dcf/documents/contract/manuals/CPIM p1 events.pdf
•	CON	TRACT DOCUMENTS TO BE MAINTAINED ONSITE BY PROVIDER:
21		Copy of Most Recently Approved Board Minutes
22		Personnel Manual and Employee Handbook (include staff job descriptions)
23		Affirmative Action Policy/Plan
24		Conflict of Interest Policy and Attestation Form: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf
25		Procurement Policy Policy: http://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf