



REQUEST FOR PROPOSALS

FOR

**GROUP HOME INTENSITY OF SERVICES (IOS) Central Region - Middlesex,
Mercer, Monmouth, Somerset and Ocean Counties.**

**FOR YOUNG ADULTS, 18 THROUGH 19 YEARS OLD WITH
CO-OCCURRING BEHAVIORAL HEALTH AND SUBSTANCE USE DIAGNOSES
(GH-BH/SU)**

**Funding of up to \$1, 985, 600 Available for up to 4 awards
(\$496, 400 per program-4 homes up to 5 beds in each and a maximum of 20 beds)**

Startup funding available up to \$24,820 per home

Mandatory Bidders Conference: May 8, 2017

Time: 10:00 AM

**Place: DCF Professional Center
30 Van Dyke Avenue New Brunswick, NJ 08901**

Deadline for Receipt of Proposals: June 6, 2017 at 12:00 PM

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

Commissioner

April 19, 2017

TABLE OF CONTENTS

Section I - General Information

A. Purpose	Page 1
B. Background	Page 2
C. Services to be Funded	Page 6
D. Funding Information	Page 26
E. Applicant Eligibility Requirements	Page 27
F. RFP Schedule	Page 28
G. Administration	Page 29
H. Appeals	Page 32
I. Post Award Review	Page 32
J. Post Award Requirements	Page 32

Section II - Application Instructions

A. Review Criteria	Page 33
B. Supporting Documents	Page 42
C. Requests for Information and Clarification	Page 46

Attachment 1 – CSOC Attestation
Exhibit A The State Affirmative Action Policy
Exhibit B Anti- Discrimination Provisions
Exhibit C CSOC Pre Award Documents
Exhibit D CSOC Post Award Documents

Funding Agency

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

Special Notice:

Potential Bidders must attend a Mandatory Bidder's Conference at 10AM on May 8, 2017 at DCF Professional Center 30 Van Dyke Avenue New Brunswick, NJ 08901. Questions will be accepted in advance of the Bidder's Conference until May 4, 2017 at 12PM by providing them via email to DCFASKRFP@dcf.state.nj.us. 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) Children's System of Care (CSOC) announces the availability of funding for the purpose of providing integrated out-of-home treatment services for young adults with co-occurring behavioral health and substance use treatment needs. Funding is subject to State fiscal year appropriations. The annualized funding available is \$ 1,985,600. This funding is expected to provide four, 5-bed treatment programs (total of 20 beds) in the community. The per diem rate is \$272.

The goal is to create an integrated service delivery approach with professional competencies and capabilities to provide and maintain a safe and predictable treatment milieu that is functionally relevant to young adults with co-occurring behavioral health and substance use challenges. Services should be comprehensive, effective, easily accessible, and integrated into the Children's System of Care continuum of services.

To that end, DCF is seeking proposals from private or public not-for-profit entities and for profit organizations to provide Group Home-Behavioral Health/Substance Use (GH-BH/SU) Intensity of Service (IOS) programs as follows: two-5 bed programs for males and two 5-bed programs for females, 18 through 19 years of age at the time of admission, who present with low to moderate behavioral health and moderate to high substance use diagnoses and treatment needs that cannot be fully served in the outpatient community settings. This announcement seeks to optimize utilization of the GH-BH/SU IOS through a transparent and contracted clinical model paired with a rate structure consistent with national best practices.

This GH-BH/SU IOS provides 24-hour all-inclusive clinical services in a community-based therapeutic setting for young adults who present with co-

occurring behavioral health and substance use challenges in social, emotional, behavioral, and/or psychiatric functioning. The young adult will receive a multidisciplinary assessment, clinical interventions, psychopharmacology services (when appropriate), supportive educational services, medical services, access to vocational and independent living skills training, and specialized programming in a safe, controlled environment with a moderate degree of supervision and structure. The objective of GH-BH/SU IOS is to stabilize the young adult and prepare him/her for a less restrictive environment. The goal is to facilitate the young adult's reintegration with their family/caregiver and their community or in an alternative permanency plan preparing for independent living.

Applicants are to provide details regarding operations, policy, procedures, and implementation of their proposed program (s). Programs shall be operational within 120 days of being awarded. Extensions may be available by way of written request to the CSOC Division Director. **Awards are subject to be rescinded if not operationalized within 6 months of RFP award.**

B. Background:

DCF is the state's first comprehensive agency dedicated to ensuring the safety, well-being, and success of children, youth, young adults, families, and communities. Our vision is to ensure a better today and even 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 youth and family, in strength-based, youth-focused and family driven as is relevant, as well as 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 adults. CSOC involves families/caregivers/guardians throughout the planning and treatment process in order to create a service delivery 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 New Jersey's Children's System of Care are expected to function under the aegis of the Wraparound Practice Model, 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*.

Since 2013, DCF/CSOC has assumed management of and/or expanded services for Outpatient (OP), Partial Care (PC), Short-Term Residential (ST-RTC) and Long-Term Residential (LT-RTC), subacute detoxification, and co-occurring mental health and substance use programs. Service access is exclusively managed by CSOC's Contracted System Administrator (CSA), and clinical criteria for service is based on the American Society of Addiction Medicine (ASAM) patient placement criteria.

In January 2017, Governor Christie authorized CSOC to expand the age range served to 18 and 19 year-old young adults. CSOC recognizes the fact that engagement and treatment strategies that are different from what is currently available to young adults may be more effective with this population and seek(s) to enhance the existing service array under CSOC. CSOC service access is exclusively managed by CSOC's Contracted System Administrator (CSA) and service authorization is based on the established clinical criteria for GH-BH/SU. Inclusion of substance use services integrates the care of New Jersey's youth into a system in which youth and their families can access a single point of entry into a seamless continuum of services for behavioral health, intellectual/developmental disabilities, and/or substance use treatment.

According to the *Monitoring the Future Study*, adolescent substance use began to increase in the early 1990's, while perceived harm and risk from drug use declined¹. Adolescents were abusing substances at earlier ages than in years past, resulting in a myriad of public health problems such as injuries, behavioral and mental health disorders, and sexually transmitted diseases. Early substance use, coupled with the neurohormonal changes of puberty, affects the development of the brain and neuroendocrine system in ways likely to contribute to the onset or exacerbation of preexisting psychiatric disorders². The complexity of the problems these youth typically bring to drug abuse treatment underscores their need for multimodal approaches that address a broad range of mental health and psychosocial problems as well as drug abuse³.

¹ Johnston, L.D., O'Malley, P.M., & Bachman, J.G. (2001). *The Monitoring the Future national survey results on adolescent drug use: Overview of key findings, 2000* (NIH Publication No. 01-4923). Rockville, MD: National Institute on Drug Abuse.

² Crowley T.J., Riggs, P.D. Adolescent substance use disorder with conduct disorder and comorbid conditions. In: Rahdert E., Czechowicz D., editors. *Adolescent Drug Abuse: Clinical Assessment and Therapeutic Interventions*. Rockville, MD: U.S. Department of Health and Human Services; 1995. Pp. 49-111. NIDA Research Monograph 156. (NIH Publication No. 95-3908).

³ Riggs, Paula, D. Treating adolescents for substance abuse and comorbid psychiatric disorders. *Sci Pract Perspective*. 2003 August; 2(1): 18-29.

Considering that adolescents are fundamentally different than adults, they often do not benefit from adult treatment approaches. For example, adolescents differ from adults in their developmental issues, the values and beliefs that they hold and maintain, and the environmental considerations such as school atmosphere and peer influences. Newly presenting adolescent patients are often poorly motivated for treatment and have psychiatric issues, academic challenges, family discord, behavioral health challenges, and a limited range of coping and social skills. They are also more likely to lag in important adolescent developmental tasks, including individuation, decision making, moral development, and conceptualization of future educational, vocational, and family goals⁴. Furthermore, in comparison to adolescents with a primary mental health or substance use disorder, adolescents with co-occurring disorders tend to be more symptomatic, present with high risk behaviors, exhibit multiple health and social challenges, often unwittingly self-medicate their mental illness, and therefore require a greater intensity of support and service delivery. The field of adolescent substance use treatment began to grow when clinicians and researchers sought to reconcile the gap in services⁵ and perceived that the delivery of treatment must address the co-occurring nature of these challenges.

Historically, the substance use treatment system and the mental health care system have struggled with treating both issues simultaneously. One disorder may interfere with an individual's ability to benefit from and participate in treatment for the co-occurring disorder. Challenges in functioning and maladaptive behaviors can be attributed to either disorder. Substance use and withdrawal can mask and/or cause or worsen the symptomology of mental illness. Mental health treatment often focuses on shoring up the individual's fragile defenses, taking a supportive rather than confrontational approach, which is often used in substance abuse treatment models. Historical differences in culture, philosophy, structure, and funding have contributed to a lack of coordination that has made it difficult for either consumers or providers to move easily across the differential of service settings.

The development of a new conceptual framework demonstrates co-occurring disorders in terms of multiple symptoms and severity instead of diagnosis

⁴ Rutter M., Giller H., Hagell A. Substance Use Disorders and Disruptive Behavior Disorders. In: Hendren RL, editor. Disruptive Behavior Disorders in Children and Adolescents. Washington, DC: APA Press. 1999. pp. 133-173.

⁵ Winters, K.C. (1999). Treatment of adolescents with substance use disorders: Treatment Improvement Protocol (TIP) series 32 (DHSS. Publication No. (SMA) 99-3283). Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA).

and combines observations about the current service delivery systems with a vision for the future delivery of integrated services. This framework provides an opportunity to merge both systems of care and the level of service coordination required to improve outcomes, especially for those individuals with the most challenging co-occurring mental health and substance use issues.

CSOC is particularly concerned with the management and treatment of co-occurring trauma that affect many of our youth. A growing body of research has implicated trauma as a risk factor for the development and course of both substance use disorders and mental health disorders. It is not uncommon for adolescents who have experienced traumatic events to turn to substances in order to cope with their trauma symptoms. Further, many of the signs of trauma and the signs of substance use are similar to problems that are part of the natural developmental course of adolescence⁶.

“Brain development during adolescence and emerging adulthood is one element that makes youth a period of particularly high vulnerability to SUDs.”⁷ Adolescence is the time most of the people who become addicted develop their addiction. More than 90 percent of adults with SUDs started using before age 18; half of those began before age 15. Individuals who begin drinking before age 14 are seven times more likely to develop alcohol dependence than those who begin drinking at age 21.⁸ The earlier a person begins using, the more likely the substance use disorder will develop and continue into adulthood.⁹

Youth who abuse prescription medications are also more likely to report use of other drugs. Multiple studies have revealed associations between prescription drug abuse and higher rates of cigarette smoking; heavy episodic drinking; and marijuana, cocaine, and other illicit drug use among adolescents, young adults, and college students.¹⁰

⁶ The National Child Traumatic Stress Network. *Identifying Trauma and Substance Abuse in Adolescents*. Retrieved, November 1, 2013 from <http://www.nctsn.org/resources/topics/adolescence-and-substance-abuse>

⁷ Substance Abuse and Mental Health Services Administration. (2013). *What does the research tell us about good and modern treatment and recovery services for youth with substance use disorders?* Report of the SAMHSA Technical Expert Panel, December 5-6, 2011. Rockville, MD: Center for Substance Abuse and Treatment, Substance Abuse and Mental Health Services Administration. 07/07/13 Draft., p. 44

⁸ Substance Abuse and Mental Health Services Administration. (2013). Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, p. 6

⁹ Lynskey, M.T. et al. (2003). Escalation of drug use in early-onset cannabis users vs co-twin controls. *JAMA* 289:427-33

¹⁰ Substance Abuse and Mental Health Services Administration (SAMHSA) and Center for Medicaid and CHIP Services (CMCS) Joint Informational Bulletin (January 26, 2015). Coverage of Behavioral Health Services for Youth with Substance Use Disorders Rockville, MD: Substance Abuse and Mental Health Services Administration, p.2

Youth with SUDs also have high rates of co-occurring mental health disorders. SUDs increases the risk for mental health disorders and vice versa, and the majority of youth with SUDs have a co-occurring mental health disorder. In a study of data from the Global Appraisal of Individual Needs (GAIN), approximately 90 percent of substance-dependent adolescents under age 15 had at least one mental health problem in the past year.¹¹ Furthermore, approximately 88 percent of the substance-dependent adolescents between ages 15 and 17 and 84 percent of the young adults aged 18–25 had co-occurring mental health issues.¹²

Youth with SUDs also face considerable academic, health-related, relational, and legal challenges. These issues also bring costs and consequences to families, communities, and society.¹³

C. Services to be Funded:

The awardees for this Request for Proposal are expected to provide a comprehensive array of supports and services to operationalize Group Home-Behavioral Health/Substance Use (GH-BH/SU) Intensity of Service (IOS) programs in community-based, home-like settings.

Number of Programs/Locations: Four awards are available through this RFP. Each award is for one 5-bed group home. Applicants are required to submit separate proposals when applying for more than one award. CSOC will allow a **maximum of two awards per provider**.

Single bedrooms are preferred; however, CSOC will allow a maximum of two (2) young adults per bedroom. Each program will accept young adults statewide. Bi-lingual capacity is required.

CSOC requires the programs be located in the Central Region of New Jersey. For the purpose of this RFP, the Central Region is defined as Middlesex, Mercer, Monmouth, Somerset and Ocean Counties.

¹¹ Chan, Y., Dennis, M., & Funk, R.. (2008) Prevalence and comorbidity of major internalizing and externalizing problems among adolescents and adults presenting to substance abuse treatment. *Journal of Substance Abuse Treatment* (34), p. 19

¹²Chan, Dennis, & Funk, R.. Prevalence and comorbidity, p. 19

¹³ Crowe, A., & Bilchik, S. (1998). Drug identification and testing in the juvenile justice system. Washington, DC: Office of Justice Programs, U.S. Department of Justice. Available from <http://www.ojjdp.gov/pubs/drugid/contents.html>

Target Population #1

- Males 18 through 19 years of age at the time of admission, who present with moderate substance use and behavioral health challenges.
- Number of beds per home: Five (5)
- Number of homes/awards available: Two (2)

Target Population #2

- Females 18 through 19 years of age at the time of admission, who present with moderate substance use and behavioral health challenges.
- Number of beds per home: Five (5)
- Number of homes/awards available: Two (2)

The objectives for this program are to:

- Develop a strong therapeutic alliance to engage the young adult so that he/she feels as comfortable and safe as possible in a new setting;
- Conduct a comprehensive needs assessment of the young adult and his/her family that shall include any potential withdrawal management needs, history of substance use, behavioral health needs, identified supports, strengths/resiliency factors, developmental needs, influences of traumatic events, and family dynamics.
- Develop a comprehensive individualized care plan that is strength-based, youth-centered, family-driven, and goal-oriented, and that identifies specific strengths of the young adult that can be used in developing a successful and sustainable plan.
- Initiate the ISP within 7 days of admission.
- Close and robust collaboration with the CSOC Care Management Organization (CMO) and the DCF Division of Child Protection and Permanency-DCP&P (if involved) throughout the young adult's entire course of treatment.
- Provide clinical interventions that address common issues amongst young adults, including, but not limited to relationships,

personal identity, permanency, educational access, job skills, gaining/maintaining employment, informal supports, and life skills.

- Provide activities designed to engage and encourage the young adult's abilities to integrate into the community and in preparation for return to his/her own home or independent living.
- Link the young adult with community based resources, including, but not limited to outpatient treatment, peer-to-peer support, and other supports that promote recovery.
- Provide the family with education on substance use, including, but not limited to the stages of change, resistance/denial, and relapse as a part of the treatment process.
- Operate within the requirements of 42-CFR Part 2.

The projected length of stay is anticipated to be 6-9 months, although length of stay is commensurate with the indicated clinical need. Continued stay authorization is contingent upon review and approval of the agency's submitted collaborative Joint Care Review (JCR).

Admission Criteria:

- The young adult may present with a range of mild to moderate behavioral health challenges, which may include behavioral, emotional, psychiatric, and educational needs;
- The young adult presents with a moderate to high need for substance use needs that requires out-of-home treatment intervention and which does not include withdrawal management or detox service needs;
- The young adult may present with Mood Disorders, PTSD, Impulse Control Disorders, ADHD, Fetal Alcohol Spectrum Disorder (FASD)¹⁴, and/or other co-occurring mental health disorders;
- The young adult may present with stabilized medical needs, including but not limited to, seizure disorder, diabetes, asthma, etc.;
- The young adult may be classified or non-classified; actively in school or graduated high school/received GED;
- The young adult may be actively involved or have a history of involvement with the juvenile and/or adult court systems.

¹⁴ <http://www.cdc.org/ncbddd/fasd/treatments.html>

Program Description:

The awardees for this program are expected to demonstrate the capacity and capability to admit young adults as determined appropriate by the CSA who present with underlying trauma and to provide trauma imbued interventions.

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 young adult's needs. There is an undeniable relationship between trauma and substance use, and a full inventory of any historical or current trauma should be infused into the assessment process. The provider will complete assessments, which include:

- Bio Psychosocial Assessment
- Substance Use Assessment
- Nursing Assessment
- Nutritional Assessment
- Psychiatric Assessment

Treatment:

The services and interventions provided within Group Home-Behavioral Health/Substance Use (GH-BH/SU) must be directly related to the goals and objectives established in each young adult's initial care plan, which is developed by the Child Family Team Meeting (CFT) in collaboration with the provider agency. CSOC firmly believes that family/caregiver involvement is extremely important and, unless contraindicated or is not concurred by the young adult, should occur from the beginning of treatment and continue as frequently as possible, as determined appropriate in the ISP/care plan. As part of treatment, families shall be educated about substance use and strongly engaged by the CFT to maintain unconditional support throughout the entire treatment process, including during times of resistance and relapse. Families should be encouraged to develop an understanding of how family dynamics could be contributing to the young adult's substance use disorder. The respondent shall provide a detailed description as to how their agency plans to collaborate with the CMO and the CFT throughout the treatment process with a particular emphasis on how the young adult will transition back to the community.

The integrated care plan shall identify the young adult's strengths, interests, preferences, and needs in the following areas, as determined appropriate by the young adult, family/caregiver (if involved), and the CFT 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, vocational goals/skills, and other areas important to the young adult and his/her family. Treatment modalities will focus on supporting and assisting the young adult in achieving greater independence and fulfillment in his/her life, while improving his/her functioning, participation, recovery, and reintegration back home or other non-clinical living environment.

The integrated care plan also includes:

- Developmentally appropriate training/coaching for the young adult and caregivers/staff to meet the individual's behavioral and emotional needs;
- Referrals for medical, dental, or other identified evaluations, as indicated;
- Instruction in learning adaptive frustration tolerance and expression, which may include emotional 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;
- Collaboration with treatment team members in identifying care management needs while in treatment in order to support the youth and family (such as need for transportation, community recovery support, etc.);
- Social skills development;
- Instruction and/or assistance in Activities of Daily Living as deemed necessary
- Implementation of identified strategies in the individualized treatment plan;
- Support and training of the parent/guardian to successfully implement an individualized care plan and other support services as needed in transitioning the young adult back home or to an alternate living arrangement.

Services shall include, but are not limited to:

- Comprehensive assessment and diagnosis upon admission (including detailed history, psychiatric assessment, pediatric medical assessment, substance use assessment and nutritional assessment);
- Comprehensive crisis planning, including but not limited to prevention, de-escalation, intervention, and debriefing;
- Medication monitoring (when applicable)

- Psychiatric consultation (including input into the clinical component of an individualized treatment plan developed by the multidisciplinary team);
- Individual and group therapy that is developmentally appropriate for the target population;
- Family engagement/family therapy;
- Allied therapies;
- Case management;
- Trauma imbued therapy;
- Nutritional assessment upon intake;
- Skill building, including activities of daily living and socialization skills;
- Structured recreational activities;
- Drug screens, as deemed necessary, in the plan of care;
- Linkage to community schooling and coordination with the Child Study Team, as applicable;
- Robust system collaboration;
- Timely transitional planning and community linkage to resources and services as deemed needed by the CFT.

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 Group Home-Behavioral Health/Substance Use (GH-BH/SU) 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 our 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 de-escalation 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:

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

*The awardees are 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 of our young adults. Young adults who present with challenges requiring services should also be understood in terms of their experiences of trauma and consequent difficulties in forming and maintaining health 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 youth 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 and be able to address how substance use impacts the young adult's presenting behaviors.

All young adults shall have daily contact with clinically licensed professionals who are in regular consultation with the family/caregiver and psychiatrist. While a young adult 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 young adult and milieu staff. Applicants shall describe up-to-date knowledge and evidence based interventions designed to address the treatment needs of young adults appropriate for this program. Treatment/intervention is provided with the understanding that good mental health and positive relationships are essential to the overall health of the young adult.

An overriding goal of Group Home-Behavioral Health/Substance Use (GH-BH/SU) is to facilitate adaptive skills, social skills, and life skills so that the child can thrive in recovery, learn, and participate in their communities with sufficient coping mechanisms. It is also paramount that young adults 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. **Applicants shall submit a clear and detailed plan on how they will collaborate with system partners in order to ensure the youth's timely transition from out of home treatment.** 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 GH-BH/SU 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:

- Young adult;
- Family members;
- Natural supports as identified and selected by young adult, and family when possible;
- CSOC Care Management Organization (CMO);
- DCP&P Case Management entity (if involved);
- Psychiatric Care Provider*;
- Nurse (Supervising RN);
- Allied Therapist(s);
- Milieu staff;
- Case Manager;
- Educational professionals (including SACs if available);
- Licensed clinicians;
- Program Director.

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

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 youth, family/legal guardian(s), DCPP (if applicable), CMO (if involved) 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;

- The child and his/her family will be oriented to the services;
- All necessary consents and releases will be completed and filed;

Within 72 hours of admission:

- A psychiatric assessment, report, and recommendations will be completed;
- A Pediatric assessment will be completed;
- A biopsychosocial assessment and accompanying recommendations will be completed;
- A comprehensive crisis plan will be developed for each young adult. 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 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 young to be considered ready for transition back to the community;
- A Nutritional screening will be completed;
- Educational programming will be arranged (if actively enrolled in school).

Each day:

- Comprehensive and well-documented communication regarding significant events, young adult'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 young adult;
- All young adults will be properly supervised; a ratio of 1 milieu staff for every 5 young adults (1:5 ratio) must be maintained at all hours with a minimum of 2 awake staff on at all times - including while young adults are asleep. The program must demonstrate the capacity to provide 1:1 supervision as might be needed. Required supervision ratios must be maintained during crisis situations;
- All young adults 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;

- Young adults will be transported to medical appointments, family visits, community outings, and any other off-site requisite activities as needed;
- The therapeutic staff (for an identified young adult) will have face-to-face contact and “check-in” daily.

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

Prior to transition:

- The team will provide a “step down” action plan that details week-to-week activities supporting a smooth and well-planned transition from OOH treatment into the community. At a minimum, the action plan must include:
 - More than two (2) meetings of the GH-BH/SU treatment team to discuss young adult and family strengths, continuing goals, successful strategies, and potential pitfalls;
 - “Set back” plan for times during the transition phase during which a young adult 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 young adult and family through to transition;
 - Action steps that young adult and family will take to build on successes and achievements that were accomplished during treatment.
- For those young adults being transitioned home, 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 GH-BH/SU program, at a minimum of two weeks prior to transition home. The IIC clinician would be required to gather information via observation and interaction with the young adult at the group home accompanied by the Awardee(s)’s program staff and any other treatment team members (nurse, dietician, etc.), review clinical records, and gain understanding of the young adult’s strengths and needs and family dynamics. This would be an introduction for the IIC clinician to the young adult prior to going into the home and equipping the IIC clinician with a strong understanding of the young adult’s treatment needs and care plan. This enables the IIC to work closely with the parents/legal guardians 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 “Group Home-Behavioral Health/Substance Use Staffing Attestation” with your 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 “Group Home-Behavioral Health/Substance Use 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:

- An average of 0.25 clinical hours per week per young adult; 75% of which must be face-to-face time with young adult and/or families
- Psychiatric intake assessment and report (within the first 72 hours)
- Initial treatment and crisis plan (within the first 48 hours)
- Medication management meetings (monthly)
- Clinical visit with young adult as needed
- Clinical visit with family as needed
- Attend treatment team meeting (monthly)
- 24/7 availability by contract

A Pediatric Advanced Practice Nurse (APN) or Pediatrician will provide:

- Pediatric assessment and report (within the first 72 hours)
- 24/7 availability by contract

Dually Independently Licensed Clinician (Licensed Psychologist, LCSW, LPC, or LMFT with LCADC) or Licensed Mental Health Clinician (LSW or LAC) within three (3) years of independent clinical licensure and a LCADC license. CADC is acceptable if within three (3) years of LCADC licensure.

The clinician will provide:

- 4.0 clinical hours per week per youth; 75% of which must be face-to-face time with child and/or families; be available via telephone for emergency consultation
- Bio psychosocial assessment and report within the first 72 hours
- 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 48 hours of admission)
- Comprehensive treatment and discharge plan development, documentation and consultation (within the first week)
- Individual therapy as applicable (weekly)
- Group therapy as applicable (weekly)
- Family therapy with family of origin or natural supports as is relevant based on the young adult's wishes (minimally monthly)
- 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)

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, substance use agency, or institutional setting, will provide:

- 32 hours per week per child (represents multiple FTEs)
- Orientation (within the first 24 hours of admission)
- Milieu activities (daily)
- Community integration via focused, age appropriate recreational activities (weekly)
- Direct 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 a 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, Trauma)

Allied Therapies (music, art, movement, recreation, occupational, vocational, yoga combination thereof). Professional(s) (licensed when applicable) will provide:

- *5 hours per week per young adult*
- Recreation/Leisure Assessment and report (within the first week)
- Allied activities that are based on the cognitive and emotional needs of the young adults 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 young adult'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.

Case Management*- Bachelors level practitioner(s) with 3-5 years relevant experience or an unlicensed Master's level practitioner with 1-year relevant experience (CADC preferred) will:

- 2.0 hours per week per youth
- 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 strong collaborative relationships with system partners including, but not limited to, CMO, and DCP&P
- Demonstrate 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/legal guardian at minimum twice per week in order (more frequently as deemed necessary) in order to discuss status of the young adult'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 CYBER progress notes
- Attend treatment team meeting monthly

*Case management duties may be completed by several staff within the agency who hold the required credentials. These services may not supplant

other required duties of the identified staff person(s). All case management duties must be documented in the young adult's record.

Didactic/Psycho-Ed Groups – Bachelors level practitioner(s), CADC, RN, LPC, or HS diploma with 3+ years of relevant experience in working with youth with behavioral health and/or substance use challenges:

- 6 hours per week per young adult
- Topics must meet licensing requirements and include diverse subject matter (e.g. cultural sensitivity, conflict resolution, gender issues, vocational training, etc.)

Educational Counseling – Applicable credential based on educational topic, which may include LPN, RN, MD, NP, APN, CADC, LCADC, LPC, LMFT, LCSW, or Master's Level Clinician:

- 3 hours per week per young adult
- Topics must meet licensing requirements and may include, but are not limited to, exposure to AIDS/Hepatitis, other health consequences of substance use, relapse prevention, co-occurring needs, domestic violence, etc.

Nurse-health educator/Registered Nurse (RN) or a Licensed Practical Nurse (LPN) under the supervision of a RN who possesses a current New Jersey registered nursing license and one year direct care nursing experience with youth or young adults as well as substance use treatment experience. The responsibilities of the nurse health educator shall include, but need not be limited to, the following:

- A minimum of 2.0 hours per week per child (30% must be provided by an RN), or more as needed dependent upon the needs of the population;
- Assess the physical condition of the children 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;
- 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);

- On-call capability when not on site;
- Medication education (monthly);
- Attend treatment team meetings (monthly);
- Provides assistance with ADLs.

Service/Program Director – Master’s degree in a behavioral health field and three (3) years post Masters experience (license preferred and at least one year of which shall be in a supervisory capacity; substance use treatment experience is also preferred):

- Dedicated, full-time, on-site
- Properly supervise and manage the program’s multi-disciplinary staff
- Attend treatment team meetings (monthly)
- Oversee all Quality Assurance/Program Improvement activities with a focus on attaining bench-mark activities for all direct care staff

Staff Training

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

- Crisis Management
- Suicide Prevention
- Trauma Informed Care
- Substance Use
- Training in the Nurtured Heart Approach and Six Core Strategies
- 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:

For young adults still enrolled in school:

- Assessment of school performance as is pertinent to the young adult 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 young adult. DCF

will not fund or provide onsite education programs and services for young adults placed within an out-of-home treatment setting. Providers intending to propose Group Home-Behavioral Health/Substance Use (BH/SU) must demonstrate that arrangements have been confirmed for the provision of appropriate educational programs and services for both special education and general education students.

- Applicant organizations that operate a DOE approved private school for students who are classified, 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.
- Genuine coordination and collaboration between the applicant organization and the educational provider is expected. All applicants must 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 child remains 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

Vocational and/or College:

The applicant must take in to consideration supporting young adults in terms of accessing vocational training and/or higher education opportunities based on the young adult’s stated interests. In collaboration with the CMO, the agency needs to assess with the young adult potential life direction and provide proactive support and access. The CFT should develop a plan that provides the personalized support and guidance necessary to make an informed decision about committing to a post-secondary education.

Outcome Evaluation:

This RFP represents an outcomes approach to awarding Group Home-Behavioral Health/Substance Use services for young adults with co-occurring behavioral health and substance use challenges. The outcome evaluation includes setting outcomes, establishing indicators, a transformative experience to young adults 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 youth in home, in school, and out of trouble. Additional considerations and areas of measurement are compliance with all reporting requirements, compliance with all requirements of record keeping, advocacy on behalf of youth and families, and collaborative activities that support youth and their families. 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 youth, families, and other system partners;
- Means for identification and communication of system needs and areas of excellence to local partners and CSOC administration.

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

Data-driven performance and outcomes management is a central aspect of CSOC's management of the system of care. The practice model is based on current best practices regarding out-of-home treatment for children and youth. In order to support sensitive and responsive management of these specialty services and to inform future practice, regulation, and "sizing", 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: youth, 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 well-planned 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 youth remains in program, and level of community integration).

- Program will collect "3-D" satisfaction surveys from youth, family members, and other providers for 75% percent of all youth served at two points during the service period.
- Program will conduct quarterly "health checks" through satisfaction surveys, stakeholders' meetings, and review of SNA data. Health checks will report status, progress, and needs to the service community and CSOC.

Additional Requirements

Licensure:

Applicants must provide evidence of, or demonstrated ability to meet, all

NJ Department of Children and Families; Health and Senior Services; Human Services; and other Federal Licensure standards, as applicable.

This program will be inspected by the DCF Office of Licensing. When the program opens, the awardee must comply with N.J.A.C. 3A:56 “Children’s Group Homes” which is located at: <http://www.nj.gov/dcf/providers/licensing/laws/index.html>

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.

Accreditation:

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

Provider Information Form:

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

Site Visits:

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

Contracted System Administrator (CSA):

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

Organization/Agency Web Site:

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

Without the appropriate context, the general public may wrongly assume that all children, youth, and young adults served are dealing with those challenges. Applicants must ensure that the content of their organization's web site protects the confidentiality of and avoids misinformation about the youth served. The web site should also provide visitors with a mechanism for contacting upper administrative staff quickly and seamlessly.

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 \$ 1,985,600 and 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 young adult is \$272 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 Budget 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.
9. Applicants must have the ability to achieve full operational census within 120 days of contract execution. Extensions may be available by way of written request to the CSOC Division Director. **Award is subject to be rescinded if not operationalized within six months of RFP award.**
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 on-line at 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 (<http://www.nj.gov/dcf/providers/contracting/manuals/>) may submit an application.

F. RFP Schedule:

May 4, 2017 at 12:00 PM	Deadline for Email Questions sent to DCFASKRFP@dcf.state.nj.us at 12:00PM
May 8, 2017 at 10:00AM	Mandatory Bidders Conference at 10:00AM DCF Professional Center 30 Van Dyke Avenue New Brunswick, NJ 08901
June 6, 2017 at 12:00PM	Deadline for Receipt of Proposals by 12:00PM

Proposals received after 12:00 PM on June 6, 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 non-responsive applications constitutes grounds for immediate rejection of the proposal if such absence affects the ability of the committee to fairly judge the application.

In order for a bid to be considered for award, at least one representative of the Bidder must have been present at the Bidders Conference commencing at the time and in the place specified 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 Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual. Applicants may review these items via the Internet at www.nj.gov/dcf/providers/contracting/manuals

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 15 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 not submit proposals in loose-leaf binders, plastic sleeves or folders.

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

1) Applicant Organization (20 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

(50 Points)

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

Service Description

- Demonstrate the capacity to meet minimum requirements listed in “Section I: C. Services to be Funded, Course and Structure of Treatment”
- Demonstrate that youth will have a stable, familiar, consistent, predictable, and nurturing experience through staffing patterns, the management of youth cohorts, site design and utilization, and the type, scope and frequency of family/caregiver involvement
- 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
- Describe how the agency will demonstrate co-occurring treatment intervention in terms of addressing multiple symptoms and severity instead of diagnosis
- Demonstrate how the relationships with direct care staff (as supported through team structure, supervision, and staffing patterns) will help youth move from being “managed” to being “engaged in treatment”
- Describe direct care staff’s supervision of child and staff/child ratios
- 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 youth 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 youth 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
 - Recruit all necessary staff
 - Train all staff
 - Complete Medicaid application
 - Complete Provider Information File and meet with the CSA
 - Meet with the Local Education Authority to ensure coordinated care for youth
- Include a description of young adult data to be recorded, the intended use of that data, and the means of maintaining confidentiality of child records
- Creating opportunities for young adults to access vocational training and/or post-secondary education
- 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

Student Educational Program Planning Requirements:

For young adults still enrolled in school:

- Assessment of school performance as is pertinent to the young adult 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 young adult. DCF will not fund or provide onsite education programs and services for

young adults placed within an out-of-home treatment setting. Providers intending to propose Group Home-Behavioral Health/Substance Use (GH-BH/SU) must demonstrate that arrangements have been confirmed for the provision of appropriate educational programs and services for both special education and general education students.

- Applicant organizations that operate a DOE approved private school for students who are classified, 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.
- Genuine coordination and collaboration between the applicant organization and the educational provider is expected. All applicants must 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 child remains 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

Vocational and/or College:

The applicant must take in to consideration supporting young adults in terms of accessing vocation training and/or higher education opportunities based on the young adults stated interests. In collaboration with the CMO, the agency needs to assess with the young adult potential life direction and provide proactive support and access.

Governance and Staffing

- Describe the management & staff supervision methods that will be utilized
- Indicate the number, qualifications, and skills of all staff, consultants, sub-grantees, and/or volunteers who will perform the proposed program activities. Attach, in the proposal Appendices, an organizational chart for the proposed program; job descriptions that 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 Group Home-Behavioral Health/Substance Use administrator and describe the job responsibilities
 - Describe the proposed staffing by service component, include daily, weekly and monthly schedules for all staff positions

- Describe any consultants & their qualifications, include a consultant agreement if applicable
- Provide letters of affiliation and proposed Student-School-Service Provider contracts if graduate students will be involved in the provision of care
- Include policy or procedures regarding: timelines; program operations; and responsible staff for admission, orientation, assessment, engagement, treatment planning, discharge planning, and step down
- Describe a staff training model that includes all required training per Licensing regulations as well as all appropriate DCF CSOC. Training for staff shall minimally include:
 - Creating and maintaining safe, therapeutic, and nurturing environments
 - Verbal de-escalation and engagement skills
 - Proactive intervention for maintaining safety and promoting change
 - Post-crisis debriefing skills
 - Treatment planning that is responsive and focused on change
 - Recommended (evidence based is preferred) treatment approaches
 - Promoting positive peer culture
 - Cultural Competence
 - Information Management Decision Support Tools (IMDS)
 - Understanding and Using Continuous Quality Improvement
 - 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 youth 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 will be used to determine that the service goals and objectives of the program have been met. Provide a brief narrative and attach copies of any evaluation tools that will be used to determine the effectiveness of the program services.

4) Budget

(10 Points)

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

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The budget should also reflect a 12-month operating schedule and must include, in separate columns, total funds needed for each line item, the funds requested under this award, and funds secured from other sources. All costs associated with the completion of the project must be clearly delineated and the budget narrative must clearly articulate budget items, including a description of miscellaneous expenses or "other" items. The proposed budget should be based on 100% occupancy and may not exceed \$496,400 per 5 bed program and the startup funding request may be up to \$24,820. 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 \$24,820 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 B (budget) forms are available at: <http://www.state.nj.us/dcf/providers/contracting/forms/> and a description of General and Administrative Costs are available at <http://www.state.nj.us/dcf/providers/notices/>

5) 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 internationally¹⁵. **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>

Completeness of the Application (5 Points)

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

B. Supporting Documents:

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent and a CD ROM containing all the documents in PDF or Word format. There is a 15-page limitation for the Narrative portion of the grant application. The required font is Arial 12 point. Other fonts, including Arial Narrow, will not be accepted. 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	
1	<input type="checkbox"/> 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
2	<input type="checkbox"/> 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.
3	<input type="checkbox"/> Proposal Narrative (15 page limit) in following order: <ul style="list-style-type: none"> a) Applicant Organization b) Program Approach c) Outcome Evaluation d) Budget Narrative e) Reduction of Seclusion and Restraint
4	<input type="checkbox"/> Summary of how the Six Core Strategies for Reducing Seclusion and Restraint Use will be implemented within your program model. (Max 3 pages)
5	<input type="checkbox"/> 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.
6	<input type="checkbox"/> Current Agency Organization Chart
7	<input type="checkbox"/> Policy or procedures regarding timelines; program operations; and, staff responsible for admission, orientation, assessment, engagement, treatment planning, transition planning.

8	<input type="checkbox"/>	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 individuals that received services from this program or their family members or New Jersey State employees are prohibited). Please include telephone numbers and e-mail for all references so they may be contacted directly.
9	<input type="checkbox"/>	Letters of affiliation and proposed Student-School-Service Provider contracts, if graduate students will be involved in the provision of care
10	<input type="checkbox"/>	Curricula Table of Contents for age, gender, and developmentally appropriate psycho-educational groups
11	<input type="checkbox"/>	Budget Narrative and Narrative Explaining Optional Start Up Facility Renovations Costs (See Budget Section)
12	<input type="checkbox"/>	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.
13	<input type="checkbox"/>	A copy of the letter from the accrediting body regarding the agency's accreditation status. If not applicable, include a written statement.
14	<input type="checkbox"/>	W-9 form (new agencies only) If not applicable include a written statement indicating not applicable http://www.state.nj.us/treasury/omb/forms/pdf/W9.pdf If not applicable, include a written statement
15	<input type="checkbox"/>	Attachment 1-CSOC Attestation form signed and dated
16	<input type="checkbox"/>	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: <ul style="list-style-type: none"> ○ Secure and ready site ○ Secure licensing from OOL from staff and site ○ Recruit all necessary staff ○ Train all staff ○ Complete Medicaid application ○ Complete Provider Information File and meet with the CSA ○ Meet with the Local Education Authority to ensure coordinated care for youth
17	<input type="checkbox"/>	A summary of evaluation tools that will be used to determine the effectiveness of the program services. (limit of 5 pages)

**CSOC Pre Award Documents
Required to Be Submitted with a Response to an Out of Home RFP**

Rev. 3-24-17

▶ PART 2		CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RFP RESPONSE:
18	<input type="checkbox"/>	Signed Standard Language Document (SLD) (Signed and dated) [Version: Rev. June 6, 2014] Form: http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc
19	<input type="checkbox"/>	Business Associate Agreement/HIPAA, (Signed and dated) with signature under Business Associate [Version: Rev. 9-2013] Form: http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc
20	<input type="checkbox"/>	Source Disclosure Certification Form (Signed and dated) [P.L. 2005, c 92-formerly Executive Order 129] Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf
21	<input type="checkbox"/>	Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of Board of Directors -or- Managing Partner , if an LLC or Partnership
22	<input type="checkbox"/>	Disclosure of Investigations and Other Actions Involving Bidder Form (PDF) (Signed and dated) Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf
23	<input type="checkbox"/>	Disclosure of Investment Activities in Iran (PDF) (Signed and dated) Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf
24	<input type="checkbox"/>	For Profit: Statement of Bidder/Vendor Ownership Form (PDF) (Signed and dated) Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/OwnershipFinal12-14.pdf
25	<input type="checkbox"/>	Subcontract/Consultant Agreements related to this RFP/RFQ - If not applicable, include a written statement
26	<input type="checkbox"/>	Document showing Data Universal Numbering System (DUNS) Number [2006 Federal Accountability & Transparency Act (FFATA)] Website: http://www.dnb.com Helpline: 1-866-705-5711
27	<input type="checkbox"/>	Certificate of Incorporation Website: http://www.nj.gov/treasury/revenue/filecerts.shtml
28	<input type="checkbox"/>	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/
29	<input type="checkbox"/>	Agency By Laws or Management Operating Agreement if an LLC
30	<input type="checkbox"/>	Tax Exempt Certification Website: http://www.state.nj.us/treasury/taxation/exemption.shtml
31	<input type="checkbox"/>	Statement of Assurances - (Signed and dated) 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
32	<input type="checkbox"/>	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
33	<input type="checkbox"/>	For Profit: Two-Year Chapter 51/Executive Order 117 Vendor Certification --and-- Disclosure of Political Contributions [Version: Rev 4/17/15] (Signed and dated) See instructions for applicability to your organization. If not applicable, include a written statement. Website: http://www.state.nj.us/treasury/purchase/forms.shtml
34	<input type="checkbox"/>	Chapter 271/Vendor Certification and Political Contribution Disclosure Form (Signed and dated) Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf
35	<input type="checkbox"/>	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.
36	<input type="checkbox"/>	Proposed Program Implementation Status Update Form documenting anticipated implementation schedule Website: http://nj.gov/dcf/providers/contracting/forms/csoc.html
▶ CONTRACT DOCUMENTS TO BE SUBMITTED WITH THE RFP RESPONSE & ANNUALLY UPDATED THEREAFTER:		
37	<input type="checkbox"/>	System for Award Management (SAM) printout showing "active" status (free of charge) Website: Go to SAM by typing www.sam.gov in your Internet browser address bar Helpline: 1-866-606-8220
38	<input type="checkbox"/>	Tax Forms: <u>Non Profit</u> Form 990 Return of Organization Exempt from Income Tax --or-- <u>For Profit</u> Form 1120 US Corporation Income Tax Return --or-- <u>LLC</u> Applicable Tax Form and may delete or redact any SSN or personal information
39	<input type="checkbox"/>	Affirmative Action Certificate --or-- 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
40	<input type="checkbox"/>	Most recent Audit or Financial Statement (certified by accountant or accounting firm) <u>Audit</u> : For agencies expending over \$100,000 in combined Federal/State Awards --or-- <u>Financial Statement</u> : For agencies expending under \$100,000 Policy: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf
41	<input type="checkbox"/>	Annual Report to Secretary of State Website: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml
42	<input type="checkbox"/>	Certification Regarding Debarment (Signed and dated) Form: http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf
43	<input type="checkbox"/>	<u>Non Profit</u> : Annual Report - Charitable Organizations - Registration-Provide proof of your filing. Do not provide a corporate annual report. If you are a new agency, provide a written statement Website: http://www.njpublicsafety.org/ca/charity/charfrm.htm
44	<input type="checkbox"/>	Professional Licenses related to job responsibilities for this RFP - If not applicable, include a written statement
45	<input type="checkbox"/>	Proposed Organizational Chart for Services Required by this RFP
46	<input type="checkbox"/>	Proposed Program Staffing Summary Report (PSSR) documenting anticipated staff levels and assignments Form: ProgramStaffingSummaryReport.xlsm Website: http://nj.gov/dcf/providers/contracting/forms/csoc.html

C. Requests for Information and Clarification

Applicants shall not contact the Department directly, in person, or by telephone, concerning this RFP. Applicants may request information and/or assistance from DCFASKRFP@dcf.state.nj.us until the Bidders Conference. Inquiries will not be accepted after the closing date of the Bidders Conference.

Questions may be emailed in advance of the Bidders Conference to DCFASKRFP@dcf.state.nj.us. DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures at the Bidder's Conference. Inquiries will be answered and posted on the DCF website as a written addendum to the 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.

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.

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

ATTACHMENT 1

New Jersey Department of Children and Families
Children’s System of Care (CSOC)

**GROUP HOME INTENSITY OF SERVICES (IOS) FOR YOUNG
ADULTS, 18 THROUGH 19 YEARS OLD,
WITH CO-OCCURRING BEHAVIORAL HEALTH AND SUBSTANCE
USE DIAGNOSES (GH-BH/SU)**

Attestation

Providers are required to confirm their compliance with all of the RFP requirements. This completed document is attestation that you will be able to meet all of the compulsory requirements and able to provide services consistent with the scope of services delineated in the RFP.

By my signature below, I hereby certify that:

- I have the necessary authority to execute this agreement between my Agency and the Department of Children and Families (DCF).
- I have read, understand and will comply with all of the terms and conditions of providing the services described in this RFP.
- If awarded the contract, I agree to provide all of the required services and to comply with all of the service implementation described throughout this RFP for **GROUP HOME INTENSITY OF SERVICES (IOS) FOR YOUNG ADULTS, 18 THROUGH 19 YEARS OLD, WITH CO-OCCURRING BEHAVIORAL HEALTH AND SUBSTANCE USE DIAGNOSES (GH-BH/SU)**
- The information I have given in response to this RFP is correct and complete. Failure to abide by the terms of this attestation is a basis for DCF’s withdrawal of my qualification to provide these services.
- Post award, I agree to comply with DCF Policies and Regulations governing the service provision.

CEO or Equivalent (please print)	Title	Signature	Date
-------------------------------------	-------	-----------	------

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

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

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

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

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

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

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

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

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

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

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

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically 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 Pre Award Documents Required to Be Submitted with a Response to an Out of Home RFP

Rev. 3-24-17

▶ CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RFP RESPONSE:	
1	<input type="checkbox"/> Signed Standard Language Document (SLD) [Version: Rev. June 6, 2014] Form: http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc
2	<input type="checkbox"/> 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	<input type="checkbox"/> Source Disclosure Certification Form [P.L. 2005, c 92-formerly Executive Order 129] Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf
4	<input type="checkbox"/> Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of Board of Directors -or- Managing Partner , if an LLC or Partnership
5	<input type="checkbox"/> Disclosure of Investigations and Other Actions Involving Bidder Form (PDF) Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf
6	<input type="checkbox"/> Disclosure of Investment Activities in Iran (PDF) Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf
7	<input type="checkbox"/> For Profit: Statement of Bidder/Vendor Ownership Form (PDF) Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/OwnershipFinal12-14.pdf
8	<input type="checkbox"/> Subcontract/Consultant Agreements related to this RFP/RFQ - If not applicable, include a written statement
9	<input type="checkbox"/> 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	<input type="checkbox"/> Certificate of Incorporation Website: http://www.nj.gov/treasury/revenue/filecerts.shtml
11	<input type="checkbox"/> 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	<input type="checkbox"/> Agency By Laws or Management Operating Agreement if an LLC
13	<input type="checkbox"/> Tax Exempt Certification Website: http://www.state.nj.us/treasury/taxation/exemption.shtml
14	<input type="checkbox"/> 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

15	<input type="checkbox"/>	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
16	<input type="checkbox"/>	For Profit: Two-Year Chapter 51/Executive Order 117 Vendor Certification --and-- 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
17	<input type="checkbox"/>	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
18	<input type="checkbox"/>	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.
19	<input type="checkbox"/>	Proposed Program Implementation Status Update Form documenting anticipated implementation schedule Website: http://nj.gov/dcf/providers/contracting/forms/csoc.html
▶ CONTRACT DOCUMENTS TO BE SUBMITTED WITH THE RFP RESPONSE & ANNUALLY UPDATED THEREAFTER:		
20	<input type="checkbox"/>	System for Award Management (SAM) printout showing "active" status (free of charge) Website: Go to SAM by typing www.sam.gov in your Internet browser address bar Helpline: 1-866-606-8220
21	<input type="checkbox"/>	Tax Forms: <u>Non Profit Form 990</u> Return of Organization Exempt from Income Tax --or-- <u>For Profit Form 1120</u> US Corporation Income Tax Return --or-- <u>LLC</u> Applicable Tax Form and may delete or redact any SSN or personal information
22	<input type="checkbox"/>	Affirmative Action Certificate --or-- 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	<input type="checkbox"/>	Most recent Audit or Financial Statement (certified by accountant or accounting firm) <u>Audit:</u> For agencies expending over \$100,000 in combined Federal/State Awards --or-- <u>Financial Statement:</u> For agencies expending under \$100,000 Policy: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf
24	<input type="checkbox"/>	Annual Report to Secretary of State Website: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml
25	<input type="checkbox"/>	Certification Regarding Debarment Form: http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf
26	<input type="checkbox"/>	<u>Non Profit:</u> Annual Report - Charitable Organizations - Registration-Provide proof of your filing. Do not provide a corporate annual report. If you are a new agency, provide a written statement Website: http://www.njpublicsafety.org/ca/charity/charfrm.htm
27	<input type="checkbox"/>	Professional Licenses related to job responsibilities for this RFP - If not applicable, include a written statement
28	<input type="checkbox"/>	Proposed Organizational Chart for Services Required by this RFP
29	<input type="checkbox"/>	Proposed Program Staffing Summary Report (PSSR) documenting anticipated staff levels and assignments Form: ProgramStaffingSummaryReport.xlsm Website: http://nj.gov/dcf/providers/contracting/forms/csoc.html

EXHIBIT D

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

Rev. 10-4-16

▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT:	
1	<input type="checkbox"/> 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	<input type="checkbox"/> For Each Site Hosting Youth: Certificate of Occupancy --or-- Continued Certificate of Occupancy (e.g. AAS, OVR, OOH programs) If not applicable, include a written statement.
3	<input type="checkbox"/> For Each Site Hosting Youth: Copy of Lease, Mortgage --or-- Deed (e.g. AAS, OVR, OOH programs) If not applicable, include a written statement.
4	<input type="checkbox"/> Document showing NJSTART Vendor ID Number (NJ's eProcurement system) Website: https://www.njstart.gov Help Desk: Call 609-341-3500 --or-- Email njstart@treas.nj.gov
5	<input type="checkbox"/> <u>If Applicable</u> Signed Schedule of Estimated Claims (SEC) - Provided by contract administrator if applicable
6	<input type="checkbox"/> 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	<input type="checkbox"/> Updated Program Staffing Summary Report (PSSR) -updates proposed PSSR submitted with the Response to the RFP Form: ProgramStaffingSummaryReport.xlsm Website: http://nj.gov/dcf/providers/contracting/forms/csoc.html
8	<input type="checkbox"/> A request for OOL Waiver if applicable for Hub Model Configuration in accordance with OOL communications.
9	<input type="checkbox"/> Medicaid Provider Enrollment Application provided by Contract Administrator.
▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT & WHEN RENEWED OR AMENDED:	
10	<input type="checkbox"/> <u>If Applicable</u> 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	<input type="checkbox"/> <u>If Applicable</u> Annex A Addendum (For Each Program Component) - Submitted online in CYBER
12	<input type="checkbox"/> <u>If Applicable</u> Annex B-2 - Provided by contract administrator if applicable
▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD & ANNUALLY UPDATED THEREAFTER:	
13	<input type="checkbox"/> Liability Insurance (Declaration Page and/or Malpractice Insurance) 1. Certificate Holder: NJDCF, 50 East State St., Floor 3, POB 717, Trenton, NJ 08625 --and-- 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	<input type="checkbox"/>	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.
15	<input type="checkbox"/>	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	<input type="checkbox"/>	<u>For Each Site Hosting Youth</u> : Health/Fire Certificates (e.g. AAS, OVR, OOH programs) If not applicable, include a written statement.
17	<input type="checkbox"/>	<u>For Each Site Hosting Youth</u> : 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	<input type="checkbox"/>	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	<input type="checkbox"/>	<u>Cost Reimbursement Contracts Only</u> : Annual Report of Expenditures (ROE) Annex B Interim (15 days of end of 6 th month) -and- Final (120 days of FY end) Form: http://nj.gov/dcf/providers/contracting/forms/ Submit To: ChildrensSystemofCare.BusinessOffice@dcf.state.nj.us
20	<input type="checkbox"/>	Significant Events (see DCF.P1.11) Website: http://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf
▶ CONTRACT DOCUMENTS TO BE MAINTAINED ONSITE BY PROVIDER:		
21	<input type="checkbox"/>	Copy of Most Recently Approved Board Minutes
22	<input type="checkbox"/>	Personnel Manual and Employee Handbook (include staff job descriptions)
23	<input type="checkbox"/>	Affirmative Action Policy/Plan
24	<input type="checkbox"/>	Conflict of Interest Policy and Attestation Form: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf
25	<input type="checkbox"/>	Procurement Policy Policy: http://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf