



**REQUEST FOR QUALIFICATIONS
FOR
ONE TO ONE SUPPORT SERVICES
IN SUMMER DAY CAMP FOR YOUTH WITH
INTELLECTUAL/DEVELOPMENTAL
DISABILITIES**

**Responses will be accepted on a rolling basis from
February 23, 2018 through March 27, 2018 at 12 Noon**

There will be no Bidder's Conference for this RFQ.

Questions will be accepted until March 14, 2018

Christine Norbut Beyer

Commissioner Designate

February 23, 2018

TABLE OF CONTENTS

Section I - General Information

A. Purpose	Page 3
B. Background	Page 3
C. Services to be Funded	Page 4
D. Process for Providing Services	Page 9
E. Funding Information	Page 11
F. Applicant Eligibility Requirements	Page 13
G. RFQ Schedule	Page 14
H. Administration	Page 15
I. Appeals	Page 17
J. Post Qualifications Requirements	Page 18

Section II - Application Instructions

A. Application Requirements and Supporting Documentation	Page 18
B. Requests for Information and Clarification	Page 19

Attachment 1–Agency Data Information Form

Attachment 2–Attestation

Attachment 3–Community Agency Head and Worker Certification

Exhibit A–The State Affirmative Action Policy

Exhibit B–Anti- Discrimination Provisions

Exhibit C–DCF/CSOC Pre-Award Documents

Exhibit D–DCF/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:

There will be no Bidders Conference for this RFQ. DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures through a time-limited electronic Question and Answer Period. Questions will be accepted providing them via email to DCFASKRFP@dcf.state.nj.us until **March 27, 2018 by 12PM**. Answers will be posted on the website at: <http://www.state.nj.us/dcf/providers/notices/>.

Technical inquiries about forms and other documents may be requested anytime. Please refer to **Section II – B. “Requests for Information and Clarification”** for additional information.

Section I – General Information

A. Purpose:

The New Jersey Department of Children and Families’ (DCF) Children’s System of Care (CSOC) announces the opportunity for currently qualified CSOC summer camp providers statewide to become qualified to provide one to one (hereinafter 1:1) support services in summer day camp settings for eligible children, youth and young adults (hereinafter youth) under the age of twenty-one (21) with intellectual/developmental disabilities.

Any currently qualified CSOC summer camp provider (QP), or agency applying to become a qualified provider of summer camp services, that is seeking to offer 1:1 support services must apply to this RFQ to support CSOC youth this summer and into the future. Applicants who can demonstrate the capacity to provide services to non-verbal and/or bi-lingual individuals are encouraged.

B. Background:

The Department is charged with serving and safeguarding the most vulnerable children and families in the State and our mission is to ensure the safety, well-being and success of New Jersey’s children and families. Our vision statement is “To ensure a better today and even greater tomorrow for every individual we serve.”

C. Services to be Funded:

CSOC defines a 1:1 support service as one dedicated staff assigned to one youth who is no more than one arm's length away and within eyesight at all times. An exception to the arm's length requirement may be made for youth who are swimming, at the discretion of the certified life guard. The 1:1 support service staff shall ensure that the youth is supervised and provided assistance at all times.

Families who apply for 1:1 support services may be eligible to receive these services if CSOC determines their youth either have challenging behaviors that may threaten the health or safety of themselves or others without the supervision and involvement of a 1:1 support services staff, or an absence of developmentally appropriate adaptive, social, or functional skills and need direct physical assistance from a 1:1 support services staff in order to successfully participate in recreational and social summer camp activities. Youth who require skilled nursing care to provide for their special medical needs would not be a candidate for a 1:1 support services for camp. 1:1 support services staff are not qualified to provide skilled nursing care.

1:1 support services may only be provided at CSOC qualified summer day camps (QP) that possess a Youth Camp Safety Act Certificate of Approval (Certified Camp) issued through the New Jersey Department of Health.

1:1 Support Services Staff Qualifications

1:1 support services staff shall have either:

- A Bachelor's degree in psychology, special education, guidance and counseling, social work or a related field and at least one year of supervised experience in implementing behavior support plans and teaching/assisting with ADL skills for individuals who have intellectual/developmental disabilities.
- A High School Diploma or GED and at least three years of supervised experience in implementing behavior support plans and teaching/assisting with ADL skills for individuals who have intellectual/developmental disabilities.

1:1 Responsibilities of Support Services Staff

- Provide support/supervision for youth who may:
 - not have the capacity to engage in and maintain peer relationships or without constant verbal and/or physical prompting may not have the capacity to stay on task and follow directions

- present with serious behavior problems with ongoing incidents of injurious behaviors to self and/or others; utilizing positive behavior supports and, if applicable, collaborating effectively with ABA professionals (BCBA and/or BCaBA) that are also supporting the youth and implementing the behavior support plan, to ensure consistency with treatment approaches
- need assistance with all Activities of Daily Living (ADL's) e.g. eating, toileting, communication, mobility
- present with serious behavior problems with ongoing (daily) incidents of injurious behaviors to self and/or others or youth wanders or bolts
- need an adult in close proximity to supervise social interactions with peers at all times and assist in communication
- require direct physical assistance with non-medical specialized health care support (e.g., feeding, assistance with braces or prosthesis) or require positioning or bracing multiple times daily
- require health-related interventions which do not rise to the level of needing skilled nursing care, multiple times daily
- require direct physical assistance with most personal care.
- Complete the CSOC Child Adaptive Behavior Summary (CABS) **with** the youth, family/caregiver
- Provide a 1:1 support services staff and provide a **substitute** 1:1 support services staff in the event of the planned or unplanned absences of the regularly assigned 1:1 staff
- Ensure that the youth is willing to accept instruction and assistance from the assigned service staff and substitute staff
- Ensure that the youth responds to direction and complies with evacuation procedures in the event of an emergency
- Assess any crisis related issues and assist with planning for those issues
- Assess and review any risk or safety issue for youth at camp and determine resolutions
- Provide supports to assist the youth in developing life skills and enhancing personal relationships through community integration, while increasing safety awareness in various camp settings

- Receive and respond to e-mails and phone calls within one business day upon receipt
- Acknowledge the receipt of referrals within two business days

1:1 Responsibilities of Support Services Qualified Provider Agencies

- Comply with **background checks** - All employees rendering services to youth where CSOC is providing financial support, are required to have background checks. Each agency employee providing direct 1:1 support services must complete the employee certification form that is provided as part of this RFQ.
 - Once your agency becomes a qualified provider of 1:1 support services, CSOC will contact you with the appropriate steps for the background check process. CSOC is unable to accept CCUSA background checks.
 - The Community Agency Head shall ensure that s/he and all employees rendering services will have state and federal background checks with fingerprinting completed now and every two years thereafter.
 - The Community Agency Head shall complete the employee certification form (**Attachment 3**) that is provided as part of this RFQ and submit it to CSOC with your application.
 - Each agency employee providing direct 1:1 support services must complete the employee certification form (**Attachment 3**) that is provided as part of this RFQ. The completed certification shall be held in the employee file at the agency and made available to DCF/CSOC upon request **Do not forward completed employee certifications to CSOC with your application.**
 - The cost of the fingerprinting criminal history background check to become a Qualified Provider will be paid for by the Department of Children and Families.
- Comply with N.J.S.A. 30:6D-73 et seq. **Central Registry of Offenders Against Individuals with Developmental Disabilities**. Agencies must ensure that the names of all agency employees, volunteers, and consultants that provide services to youth with intellectual/developmental disabilities shall be checked against those names in the central registry. Additional information can be found at:

http://www.state.nj.us/humanservices/staff/opia/central_registry.html

Note: If your agency is not registered to access the Central Registry, DCF will facilitate the qualified applicant's registration into this system.

- Provide uniform standards of care and conduct regardless of any youth's race, ancestry, color, age, sex, religion, marital status, disability, national origin, mental disorder, sexual preference, or ability to pay.
- Complete a report for all related accidents, incidents, or unusual occurrences involving staff, youth and/or families and send to CSOC.
- Maintain a written program description that specifies its statement of purpose and description of overall approach to service delivery and family involvement.
- Adhere to the requirements of **HIPAA**, N.J.S.A. 30:4-24.3.
- Protect the confidentiality of the families served.
- Inform families at intake of:
 - the mandated reporting responsibilities of agency staff
 - the grievance procedure established by the agency
 - their access to records upon request and within statutory authority
- Ensure that each 1:1 support staff has completed and passed the TB skin Test. This information shall be held in provider agency file. Do not forward this information to CSOC.
- Provide appropriate training and supervision for all staff who will be direct 1:1 support services providers that includes, but is not limited to:
 - Positive Behavior Supports
 - Developmental milestones, identifying developmental needs, strengths
 - Crisis management: Prevention, Recognition and Intervention
 - HIPAA
 - Confidentiality and Ethics
 - Basic First Aid and CPR
 - Basic Functional Behavior Assessment activities as well as how to implement proactive intervention plans
 - Danielle's Law, in compliance with P.L.2003, c.191 (C.30:6D-5.1-5.6)
 - Identifying and reporting 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
 - Any incident that includes an allegation of abuse, neglect, or exploitation of a vulnerable adult age 18 and over must be immediately reported to the Division of Aging Services, Adult

Protective Services (APS) in compliance with N.J.S.A. 52:27D-406 to 426

- Any CSOC future training(s) as determined necessary
- Comply with **Danielle's Law** (P.L.2003, c.191 [C.30:6D-5.1-5.6]) which may be accessed at:
www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html
- Be available via phone to address urgent policy and procedure issues and/or provide support.
- Comport with the program, administrative and fiscal procedures that result in the timely provision of appropriate services, accurate invoicing, and correct payments by: informing the CSOC Contracted System Administrator (CSA) of the reason for delay if services have not been provided as authorized within 30 days; and submitting invoices within 30 days of the date of service delivery.
- Participate in a fee for service system which results in a list of providers qualified to render supports and services to youth. Qualification does not guarantee a contract, funding or a particular fee.
- Maintain status as a qualified provider of 1:1 support services by complying with all applicable federal, state and local laws, rules and regulations regarding licenses, certifications, accreditations and/or other credentialing entities.
- Within five (5) business days of occurrence, notify the Division of permanent loss, temporary suspension, or probationary status of all qualifying credentials, i.e. licenses, certifications, accreditations, insurance.
- Ensure staff receives training and meet the minimum requirements for employment in accordance with any other licensing, certifying or accreditation entities by which your agency is regulated.
- The qualified provider agrees to not subcontract any of the services you have committed to provide pursuant to this qualification.
- Maintain compliance with staff/youth ratios when providing facility based and/or community based services.
- Follow instructions for submission of invoices for services provided.

- Limit billing procedure to receive payment for only the unit of service(s) authorized to and received by the youth.
- Make available to DCF and/or its agents, at all reasonable times and places in New Jersey, the following if requested: documentation in participant's records which will enable the DCF, its agents or designee to verify that each charge is due and proper prior to payment.
- Within five (5) business days of occurrence, notify DCF of changes in Executive Director, name of agency, address, telephone number or contact person.
- Notify DCF/CSOC, in writing, thirty (30) days prior to the provider's decision to terminate this agreement.
- Acknowledge breach or violation of any one of the provisions in this RFQ is subject to immediate cancellation at the DCF's discretion.

D. Process for Providing Services:

CSOC's Contracted System Administrator (CSA), PerformCare, is the single point of entry for access to care. The CSA facilitates service access, linkages, referral coordination, and monitoring of CSOC services. Each qualified provider of 1:1 support services will obtain referrals through the CSA. Each qualified provider will be required to demonstrate the ability to conform with and provide services under all protocols, including documentation and timeframes, established by CSOC and managed by the CSA.

Qualified providers of 1:1 support services in summer day camp will directly apply for authorizations from the CSA to provide the service.

Qualified summer camp providers (QP) requiring 1:1 support services for youth seeking to register to attend their summer programs must arrange to meet with the family/caregiver and jointly complete and sign the application for 1:1 services, and jointly complete the Child Adaptive Behavior Summary (CABS). The CABS will be used for all youth under age 21 who will be attending a CSOC qualified summer day camp and are requesting 1:1 support services. These meetings are required to take place **prior to** the youth is given an authorization for services.

The camp must retain a copy of the jointly completed CABS. Both the application for 1:1 services and the CABS are located on the CSA, PerformCare website. The CABS may be found on this website under: State of New Jersey - Department of Children and Families, Application for Determination of Eligibility for Children under Age 18* with Developmental Disabilities:

<http://www.performcarenj.org/families/disability/determination-eligibility.aspx>

The Child Adaptive Behavior Summary (CABS) is intended to gather information about the youth's typical functioning within the last 6 months. It should reflect, to the extent possible, how the youth acts and reacts in common daily routines at home, in school, and in the community and provide a broad picture of the impact of the youth's disability on daily life for both the youth and the caregiver.

Please check the box on the CABS that best describes the frequency that the youth does the listed actions or behaviors. Please check a box for every listed action or behavior. If you are unable to comment because you have not observed the behavior or believe that it does not apply to your youth, please indicate "not applicable" as appropriate. Write any comments at the end of each section, unless indicated otherwise. Comments may include additional information about actions or behaviors such as intensity, triggers, and whether the youth's current functioning is improving or worsening compared to past abilities.

The completed application for 1:1 support services and the completed CABS must be submitted by mail to PerformCare. PerformCare will review the CABS, application, and criteria and generate an authorization for eligible youth. PerformCare will send notification to both the caregiver and the camp or provider agency of the services authorized. **Qualified providers of 1:1 support services will not be paid for any services rendered which have not received prior authorization by the CSA.**

Applicants qualified under this RFQ will be provided with address/contact numbers and all necessary information for submission of documents and service requests. Upon receipt of referral information from the CSA, each qualified provider agency is required to, upon request from the CSA, make available 1:1 support services for those found eligible.

Qualified Provider Agency Recordkeeping Requirements

- Maintain the following data in support of all claims:
 - The name and address of the youth being provided services
 - The name and credentials of the person(s) providing the service
 - The exact date(s), location(s) and time(s) of service
 - The type of the service(s) provided
 - The length of face-to-face contact, excluding travel time to or from the location of the contact with the youth receiving services

- Maintain an individual service record for each youth authorized to receive 1:1 support services. The record shall contain, at a minimum, the following information:
 - The dates of service and number of care hours, per level of service, received
 - The diagnosis provided with the initial referral
 - The reason for initial referral and involvement
 - The service plan, including any amendments, which must be completed in collaboration with the 1:1 support services staff providing the service
 - Documentation of any and all crisis or emergency situations that occur during the provision of the services, including a summary of corrective action taken and resolution of the situation.

The qualified provider agency shall maintain all documentation related to products, transactions or services under this contract for a period of five (5) years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

E. Funding:

Each applicant that meets the qualifications and requirements set forth in the RFQ shall receive the published rate for providers of this service as follows:

Discipline	Maximum Rate	Unit
1:1 Support Services Aide BA/BS with 1 year relevant experience OR 1:1 Support Services Aide HS Diploma/GED with 3 years relevant experience	\$7.50	Per 15 Minutes

1:1 services are reimbursed on a fee-for-service basis. Units of service are defined as 15 continuous minutes of direct contact service provided to, or on behalf of, the child, youth, adolescent or young adult. Funding for 1:1 support services is for the timeframe of June through August for up to seven hours a day, and a maximum of 10 days.

Qualified providers are required to submit their invoices (claims) within 30 days of the date of service delivery. If services have not been provided within 30 days, the provider must inform the CSA of the reason for delay.

Services may be provided at any level by a practitioner whose credentials meet and/or exceed the minimum requirements for that service level; however, increased reimbursement shall not be provided.

If the published rate shall change the amount received by the provider shall change. Upon request by DCF, and in order to provide the State with the ability to judge the applicant's financial capacity and capabilities to undertake and successfully meet its obligations upon referral, applicants shall have available two years of certified financial statements, including a balance sheet, income statement and statement of cash flow, and all applicable notes for the most recent calendar year or the applicant's most recent fiscal year. If certified financial statements are not available, the applicant shall provide either a reviewed or compiled statement from an independent accountant setting forth the same information required for the certified financial statements, together with a certification from the Chief Executive Officer and the Chief Financial Officer, that the financial statements and other information included in the documents fairly present in all material respects, the financial condition, results of operations and cash flows of the applicant as of, and for the time periods presented in the statements. Note: When a provider functions as part of a professional group, conducting an evaluation as a "team," DCF will reimburse the group, as a single entity, the rate for the service provided.

DCF makes no representation regarding the volume of activity that a provider may expect as a consequence of becoming qualified to provide services under this RFQ. There is no guarantee that the services will be accessed.

Continuation of funding is contingent upon the availability of funds in future fiscal years. Continuation of services is not guaranteed.

DCF intends to fund services offered by providers that meet the qualifications and agree to all the terms and conditions provided by the DCF. CSOC reserves the right to terminate a provider's qualifying status at any time without notice.

Matching funds are not required and operational start-up costs are not permitted. Funds awarded under this RFQ may not be used to supplant or duplicate existing funding. Any expenses incurred prior to the effective date of the award will not be reimbursed by DCF.

Note: Qualification to provide services is contingent upon continuous proven ability to provide services in compliance with this RFQ and by any subsequent amendments issued. Services may be suspended at any time at the discretion of DCF/CSOC.

F. Applicant Eligibility Requirements:

1. Any changes in provider information shall be communicated to DCF and the DMAHS Office of Provider Enrollment. Any changes in personnel providing or supervising services shall be subject to prior approval by DCF.
2. Applicants must be for profit or not-for-profit corporations that are duly registered to conduct business within the State of New Jersey.
3. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
4. If an applicant is under a corrective action plan with DCF, inclusive of its Divisions and Offices, or any other New Jersey State agency or authority, the applicant may not submit a proposal for this RFQ if written notice of such limitation has been provided to the agency or authority. Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action plan have been eliminated and progress maintained to the satisfaction of DCF for the period of time as required by the written notice.
5. 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.
6. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
7. Where appropriate, all applicants must hold current State licenses.
8. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
9. Applicants must ensure that all employees of the agency who provide direct service will have State and Federal background checks with fingerprinting completed and pass now and every two (2) years thereafter. The cost of the fingerprinting and criminal history background check required by providers qualified under this RFQ will be paid by DCF. Instructions on the fingerprinting process and background checks will be provided to each qualified Applicant. **Attachment 3, "Community Agency Head and Worker Certification, Permission for Background Check and Release of Information," is a consent form for fingerprinting, certification regarding criminal background, and a release of information form. It is signed by respective employees in front of a witness, and is not to be included in the application. Only the form signed by the Community Agency Head must be submitted with the application.**

10. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
11. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at <http://fedgov.dnb.com/webform>
12. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFQ, and the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3) may submit an application.

G. RFQ Schedule

March 14, 2018	Period for Email Questions sent to DCFASKRFP@dcf.state.nj.us
March 27, 2018	Deadline for Receipt of Proposals by 12:00PM

Proposals received after 12:00 PM on **March 27, 2018** will **not** be considered.

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 must 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 must 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 responses electronically. Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission by submitting and AOR form.

AOR forms and online training is 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.

H. Administration:

1. Screening for Eligibility, Conformity and Completeness

DCF will screen applications for eligibility and conformity with the specifications set forth in this RFQ. 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 application is complete in its entirety, including all required attachments and appendices.
- d. The application conforms to the specifications set forth in the RFQ.

2. Qualification/Proposal Review Process

Upon completion of the initial screening, applications meeting the requirements of the RFQ will be distributed to the DCF RFQ 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 application if such absence affects the ability of the committee to fairly judge the application.

DCF will convene an Evaluation Committee in accordance with existing regulation and policy. The Committee will review each application with the established criteria outlined in this document. All Committee will complete a conflict of interest form. Those individuals with conflicts or the appearance of conflicts will be disqualified from participation in the review process. The members of the DCF RFQ Evaluation Committee will review the applications and deliberate as a group to determine the final qualification decisions.

The Department also reserves the right to reject any and all applications 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 qualify the provider.

3. Special Requirements

- Applicants are required to complete the DCF/CSOC **Agency Data Information Form** attached as **Attachment 1** (as per Exhibit C).
- Applicants are required to confirm their compliance with all of the qualification requirements. This completed document is **Attestation** that you are able to meet all of the compulsory requirements and able to provide services consistent with the scope of services delineated in the RFQ attached as **Attachment 2**.
- Applicants are required to complete the DCF/CSOC **Community Agency Head Certification** attached as **Attachment 3**. Only the form signed by the **Community Agency Head** must be submitted with the application.

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

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

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

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.

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.

4. Electronic Record Operating Requirements

The current minimum operating requirements for the CSOC's CSA's MIS system are available at <http://performcarenj.org/cyber/access-requirements.aspx>

I. Appeals

An appeal of the qualification 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 the applicant's qualifications. 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 ten (10) business days following receipt of the notification or by the deadline posted in this announcement.

J. Post Qualification Requirements

Qualified Providers 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

Providers qualified under this RFQ 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, Qualified Providers 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 qualified provider 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 Supporting Documents:

Applicants must submit a complete application signed and dated by the Chief Executive Officer or equivalent and should submit a CD ROM containing all of the required documents in PDF or Word format. Paper applications may be fastened by a heavy-duty binder clip. Do not submit applications in loose-leaf binders, plastic sleeves, or folders or staples.

Any narrative portions of the application must be double-spaced with margins of 1 inch on the top and bottom and 1 inch on the left and right. The font shall be no smaller than 12 points in Arial or Times New Roman.

All supporting documents submitting in response to this RFQ must be organized in the following manner:

Documents Required with all Applications Submitted in Response to this RFQ		
1	<input type="checkbox"/>	Proposal Cover Sheet – (signed and dated) Use the RFP/Q 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 this table for paper copies, CD and electronic copies.
3	<input type="checkbox"/>	Signed/dated Attestation form (Attachment 2)
4	<input type="checkbox"/>	Signed/dated Community Agency Head and Worker Certification signed solely by the Community Agency Head (Attachment 3)
5	<input type="checkbox"/>	Three (3) written professional letters of support on behalf of the applying agency specific to the provisions of services under this RFQ (references from family members of individuals receiving services and New Jersey State employees are prohibited). Template/duplicate letters of support are not acceptable. Please include telephone numbers and e-mail for all references so they may be contacted directly.
6	<input type="checkbox"/>	Exhibit C – CSOC Pre-Award/Qualification Documents.

B. Requests for Information and Clarification:

Question and Answer:

DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures through a time-limited electronic Question and Answer Period. Inquiries will not be accepted after the closing date of the Question and Answer Period.

Questions must be submitted in writing via email to: DCFASKRFP@dcf.state.nj.us.

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

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

Technical inquiries about forms and other documents may be requested anytime through DCFASKRFP@dcf.state.nj.us.

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

Attachment 1

Version:1-25-18

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

Summer Camp 1 to 1

AGENCY DATA INFORMATION FORM

Date: _____

PLEASE TYPE OR PRINT LEGIBLY

► AGENCY/CORPORATE DATA

Agency Name: _____

Mailing Address: _____

County (corporate location): _____ Agency Type: Non Profit For Profit

Agency ID Numbers:

• FEIN (9-digit): _____

• DUNS (9-digit): _____

• NJSTART (9-digit): _____

► AGENCY CONTACTS

CEO -or- EXECUTIVE DIRECTOR: Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Address: _____

PROGRAM: Name: _____ Title: _____

Handles all questions pertaining to the contract and funded programs. Phone: _____ Fax: _____

Email: _____

Address: _____

FISCAL: Name: _____ Title: _____

Handles all questions pertaining to ROE, audit and closeout reports. Phone: _____ Fax: _____

Email: _____

Address: _____

CENSUS/BILLING: Name: _____ Title: _____

Handles all questions pertaining to claims and census data. Uses Cyber, when applicable. Phone: _____ Fax: _____

Email: _____

Address: _____

Attachment 2

Version:1-25-18

New Jersey Department of Children and Families
Children’s System of Care (CSOC)
Summer Camp 1 to 1
ATTESTATION

Attestation:

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 above terms and conditions of providing the services described in this RFQ. I agree to provide all of the required services and to comply with all of the service implementation and payment processes described in Section I of this RFQ for One to One Supports and Services for Youth with Intellectual/Developmental Disabilities. I certify that I meet all of the qualifications and have provided all of the documentation required in Section II of this RFQ for providing these required services. The information I have given in response to this RFQ 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.

APPLICANT NAME
(Please Print)

SIGNATURE

DATE

CEO OR EQUIVALENT NAME
(Please Print)

SIGNATURE

DATE

PLEASE NOTE:

This application is subject to public disclosure under the New Jersey Open Public Records Act.

ATTACHMENT 3

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

I hereby agree to undergo a criminal history background check and I agree to be fingerprinted in order to complete the State and Federal background check process. I further authorize the release of all information regarding the results of my background check to the Department of Children and Families. Check one of the options listed below. If Option 2 is checked or the criminal background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment.

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

Option 2 – I hereby affirm that I have been convicted of the following offense listed below:

_____ on _____
Offense Date

FOR PROVISIONAL WORKER ONLY

As a provisional worker, I further understand that I may be engaged by the agency for a period not to exceed six (6) months during which time a background check will be completed. I understand that I will work under the supervision of a superior where possible.

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

In New Jersey, any crime or disorderly person offense:

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

- | | |
|---|---|
| i. Murder | viii. Kidnapping |
| ii. Manslaughter | ix. Interference with custody of children |
| iii. Death by auto | x. Sexual assault |
| iv. Simple assault | xi. Criminal sexual contact |
| v. Aggravated assault | xii. Lewdness |
| vi. Recklessly endangering another person | xiii. Robbery |
| vii. Terroristic threats | |

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

- | | |
|---------------------------------------|--|
| i. Endangering the welfare of a child | ii. Endangering the welfare of an incompetent person |
|---------------------------------------|--|

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

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

FOR COMMUNITY AGENCY HEAD ONLY:

I understand the results of this background check will be reported to the President of the Board of my agency.

Name of Board President

Address of Board President (Home or Business)

COMMUNITY AGENCY HEAD OR WORKER:

Name: _____

Signature: _____

Date: _____

WITNESS:

Name: _____

Signature: _____

Date: _____

EXHIBIT C

1-25-18

**CSOC Pre Award Documents
Required to Be Submitted with a Response to a RFQ
SUMMER CAMP 1 to 1**

▶ CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RESPONSE:	
1	<input type="checkbox"/> Standard Language Document (SLD) (signed/dated) [Version: Rev. June 6, 2014] Form: http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc
2	<input type="checkbox"/> Business Associate Agreement/HIPAA (signed/dated under Business Associate) [Version: Rev. 9-2013] Form: http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc
3	<input type="checkbox"/> Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of Board of Directors --or-- Managing Partners , if an LLC or Partnership --or-- Chosen Freeholders of Responsible Governing Body
4	<input type="checkbox"/> Disclosure of Investigations and Other Actions Involving Bidder Form (PDF) (signed/dated) Website: http://www.state.nj.us/treasury/purchase/forms.shtml [Version 8-4-17] Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf
5	<input type="checkbox"/> Disclosure of Investment Activities in Iran (PDF) (signed/dated) Website: http://www.state.nj.us/treasury/purchase/forms.shtml [Version 6-19-17] Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf
6	<input type="checkbox"/> For Profit: Ownership Disclosure Form (PDF) (signed/dated) Website: http://www.state.nj.us/treasury/purchase/forms.shtml [Version 6-19-17] Form: http://www.state.nj.us/treasury/purchase/forms/OwnershipDisclosure.pdf
7	<input type="checkbox"/> Subcontract/Consultant Agreements related to this response - if not applicable, include a written statement
8	<input type="checkbox"/> Document showing Data Universal Numbering System (DUNS) Number [2006 Federal Accountability and Transparency Act (FFATA)] Website: http://www.dnb.com Helpline: 1-866-705-5711
9	<input type="checkbox"/> Certificate of Incorporation Website: http://www.nj.gov/treasury/revenue/filecerts.shtml
10	<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/
11	<input type="checkbox"/> Agency By Laws --or-- Management Operating Agreement if an LLC
12	<input type="checkbox"/> Tax Exempt Certification Website: http://www.state.nj.us/treasury/taxation/exemption.shtml
13	<input type="checkbox"/> Statement of Assurances (signed/dated) - use the RFP Forms found directly under the Notices section on Website: http://www.nj.gov/dcf/providers/notices/ Form: http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc

14	<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
15	<input type="checkbox"/>	For Profit: Chapter 51/Executive Order 117 Vendor Certification --and-- Disclosure of Political Contributions (signed/dated) [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
	<input type="checkbox"/>	CONTRACT DOCUMENTS TO BE SUBMITTED WITH THE RESPONSE AND ANNUALLY UPDATED THEREAFTER:
16	<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
17	<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 Applicable Tax Form</u> and may delete or redact any SSN or personal information
18	<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
19	<input type="checkbox"/>	Certification Regarding Debarment (signed/dated) Form: http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf
20	<input type="checkbox"/>	Professional Licenses related to job responsibilities for this response - if not applicable, include a written statement
21	<input type="checkbox"/>	Proposed Organizational Chart for services required by this response - include date created
22	<input type="checkbox"/>	Agency Data Information Form (Attachment 1)

EXHIBIT D

1-25-18

**CSOC Post-Award Documents
Required to be Submitted for Contract Formation
if the Response to the RFQ Results in an Award
SUMMER CAMP 1 to1**

▶ 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 (signed/dated) 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"/> 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
3	<input type="checkbox"/> For Programs without an Annex A Standardized Board Resolution Validation (signed/dated) Form: http://www.state.nj.us/dcf/documents/contract/manuals/CPIM_p1_board.pdf
4	<input type="checkbox"/> Chapter 271/Vendor Certification and Political Contribution Disclosure Form (signed/dated) [Version: Rev 7/10/17] Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf
▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD & ANNUALLY UPDATED THEREAFTER:	
5	<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
6	<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
7	<input type="checkbox"/> Employee Fidelity Bond Certificate (commercial blanket bond for crime/theft/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.
8	<input type="checkbox"/> Notification of Licensed Public Accountant (NLPA) --and-- copy of non-expired Accountant Certification [DCF Version: Rev 7/2017] 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.
9	<input type="checkbox"/> Annual Report to Secretary of State Website: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml

		▶ CONTRACT DOCUMENTS TO BE MAINTAINED <u>ONSITE</u> BY PROVIDER:
10	<input type="checkbox"/>	Agency Organizational Chart
11	<input type="checkbox"/>	Copy of Most Recently Approved Board Minutes
12	<input type="checkbox"/>	Personnel Manual and Employee Handbook (include staff job descriptions)
13	<input type="checkbox"/>	Affirmative Action Policy/Plan
14	<input type="checkbox"/>	Conflict of Interest Policy/Attestation http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf
15	<input type="checkbox"/>	Procurement Policy http://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf

* Standard forms for RFP's are available at: www.nj.gov/dcf/providers/notices/ Forms for RFP/Q's are directly under the Notices section.

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

Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual may be reviewed via the Internet at: www.nj.gov/dcf/providers/contracting/manuals