



STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES

REQUEST FOR QUALIFICATIONS

FOR

**THE PROVISION OF INTENSIVE IN HOME
INDIVIDUALIZED BEHAVIORAL INTERVENTION
SUPPORTS AND SERVICES FOR CHILDREN WITH
INTELLECTUAL AND/OR DEVELOPMENTAL
DISABILITIES**

**Responses will be accepted on a rolling basis from
December 2, 2013 through March 11, 2014**

**Allison Blake, Ph.D., L.S.W.
Commissioner**

December 2, 2013

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FUNDING AGENCY

State of New Jersey
Department of Children and Families
50 East State Street
P.O. Box 717
Trenton, New Jersey 08625-0717

Section I – General Information

A. Purpose:

The New Jersey Children’s System of Care (CSOC) is announcing the opportunity for providers to become qualified to provide intensive in home (IIH) individualized supports and services for eligible children, youth, adolescents, or young adults under the age of 21 who have intellectual/developmental disabilities.

On June 28, 2012, the Governor of the State of New Jersey signed P.L. 2012, c. 16, into law. The provisions of that law took effect immediately and transferred responsibility for providing services for persons with developmental disabilities under age 21 from the Division of Developmental Disabilities (DDD) within the Department of Human Services (DHS) to the Division of Children’s System of Care (CSOC) within the Department of Children and Families (DCF). DCF now seeks information from providers with demonstrated expertise in the provision of individualized behavioral intervention supports and services to eligible children, youth, adolescents, or young adults under the age of 21 who have intellectual/developmental disabilities. For more background information on the transfer of responsibilities from DDD to CSOC, please visit: <http://www.state.nj.us/dcf/about/divisions/dcsc> .

DCF MAKES NO REPRESENTATION REGARDING THE VOLUME OF ACTIVITY THAT PROVIDERS MAY EXPECT WITH RESPECT TO THIS RFQ.

B. Background:

The New Jersey Department of Children and Families is the state’s first comprehensive agency dedicated to ensuring the safety, well-being and success of children, youth, families and communities. Our vision is to ensure a better today and even a greater tomorrow for every individual we serve. The Department of Children and Families is comprised of the following:

- **Child Protection and Permanency (CP&P)** is New Jersey's child protection and child welfare agency within the DCF. CP&P is responsible for investigating allegations of child abuse and neglect and, if necessary, arranging for the child's protection and the family's treatment. Each year, CP&P contracts with many community based agencies throughout the state to provide services to children

and families. Such services include case management, CP&P family support services (parenting skills, training, counseling, child care, etc.), therapeutic/supervised visitation, substance abuse treatment, domestic violence services, mental health services, foster care, and adoption and kinship legal guardianship.

- **Children’s System of Care (CSOC)** (formerly the Division of Child Behavioral Health Services) serves children and adolescents with emotional and behavioral health care challenges and their families; and children with developmental disabilities. CSOC is committed to providing these services based on the needs of the child and family in a family-centered, strength-based, culturally competent, and community-based environment. CSOC believes that the family or caregiver plays a central role in the health and well being of children. CSOC involves families throughout the planning and treatment process in order to create a service system that values and promotes the advice and recommendations of the family, a system that is friendly to families and one which provides them the tools and support needed to create successful life experiences for their children with emotional and behavioral challenges.
- **Family and Community Partnerships (F&CP)** goal is to build a continuum of child abuse prevention and intervention programs that are culturally competent, strength-based, and family-centered, with a strong emphasis on primary child abuse prevention. Services and programs funded through the FCP promote culturally-sensitive, strengths-based, positive outcomes for children, youth and families in the following areas: child cognitive development; child social and emotional development; child physical health development; prevention of child injury, abuse and neglect; parenting behavior, attitudes, and knowledge; parents’ mental health or risk behaviors; family functioning/resources, including economic self-sufficiency; empowerment and increased safety for domestic violence victims and their children. FCP is committed to provide the resources and technical assistance needed to maintain a robust network of public/private partnerships and programs. Schools and community-based organizations are two prime locations for prevention and intervention services. These two portals are the broadest access to services for families.
- **The New Jersey Division on Women (DOW)** is a pioneering state agency that advances public discussion of issues critical to the women of New Jersey and provides leadership in the formulation of public policy in the development, coordination, and evaluation of programs and services for women. DOW evaluates the effectiveness of program implementation and plans for the development of new programs and services. This Division is also charged with establishing a liaison with state departments and other public and private agencies involved with laws, regulations, and program development affecting women in joint efforts to expand opportunities for women. In this capacity, DOW collaborates with other state departments to understand and address the changing needs and concerns of women.
- **Office of Education (OOE)** provides intensive 12 month educational services and supports to children and young adults ages 3 through 21. The severity or uniqueness of their needs requires removal from the public school setting for a

period of time. A successful return to school and participation in community life are goals for all OOE students. The OOE also serves students who have no NJ District of Residence as determined by the NJ Department of Education (DOE). These State responsible students are placed in public, private and State facility school settings according to their individual educational needs. Educational services include: regular and special education programs, Child Study Team services, related services, educational surrogates, and instructional and assistive technology services.

Individuals and agencies conducting business with the DCF must adhere to the core values and relevant principles of DCF which are:

DCF Core Values

- Safety: Children are, first and foremost, protected from abuse and neglect.
- Permanency: Children do best when they have strong families, preferably their own, and when that is not possible, a stable relative, foster or adoptive family. We must strive to ensure that children do not leave our supervision without a permanent and stable family living situation.
- Well-Being: We will offer relevant services to children and families to meet their identified needs and promote children's development, education, physical, and mental health.
- Most families have the capability to change with the support of individualized service responses.
- Government cannot do the job alone; real partnerships with people and agencies involved in a child's life – for example, families, pediatricians, teachers, child care providers - are essential to ensure child safety, permanency and well-being, and to build strong families.

DCF Case Practice Principles

- In making determinations about plans and services, we consider the child's safety and health paramount.
- We must provide relevant services with respect for and understanding of children's needs and children's and families' culture.
- No child or family will be denied a needed service or placement because of race, ethnicity, sexual orientation, physical or emotional handicap, religion, or special language needs.
- Where appropriate, families will be provided with the services they need in order to keep their children safe and at home in order to avoid the trauma of removal.
- Understanding the disproportionate representation of children and families of color, we will utilize structured decision-making tools to support sound judgments about child safety, permanency and well-being, and as a strategy for counteracting racial and ethnic bias.

C. Services to be Funded:

DCF is seeking to approve vendors whose qualifications are overall conforming to this RFQ and are to deliver intensive in home habilitative (IIH) individualized behavioral intervention supports and services for eligible children, youth, adolescents, or young adults under the age of 21 who have intellectual/developmental disabilities. Vendors who can demonstrate the capacity to provide services to bilingual individuals are welcome. For the purposes of this RFQ, IIH supports and services are inclusive of the administration of assessments; the creation of individualized behavioral support plans; and the provision of services by professionals who meet or exceed the minimum educational and certification requirements set forth in this RFQ.

Behavioral intervention services include a comprehensive integrated program of services to support improved behavioral, social, educational and vocational functioning. In general, this program will provide children, youth, adolescents, or young adults (hereinafter youth), with services such as developing or building on skills that would enhance self-fulfillment, education and potential employability. The youth's treatment is based on targeted needs as identified in the behavioral support plan. The behavioral support plan includes specific intervention(s) with target dates for accomplishment of goals that focus on the amelioration of:

- Behaviors that may threaten the health or safety of themselves or others,
- Behavior disorders that may be a barrier to their ability to remain in the least restrictive setting and/or limit their ability to participate in family and community life, and
- Absence of developmentally appropriate adaptive, social, or functional skills.

The services provided also will facilitate transition from an intensive treatment setting back to his/her home. Interventions will be delivered with the goal of diminishing the intensity of treatment over time. Behavioral intervention services are medically necessary behavioral interventions based on the principles of applied behavior analysis or related structured behavioral programs, as prescribed through a behavioral support plan. These services are provided to a "moderate" or "high needs" youth and his/her family. Services occur in the youth's natural environment (home, neighborhood), are not office-based, and work to improve the youth's functioning in his/her natural environment. Behavioral intervention services are provided to make change through the diminution of maladaptive behaviors and the development of adaptive behaviors. Behaviors of focus for behavioral intervention are fully described in terms of intensity, frequency, antecedents, and desired outcome. Consequently, behavioral intervention services are the most easily evaluated for effectiveness and change.

Behavioral Analysis is a scientifically validated approach to understanding behavior and the environmental effects on it. In this context, "behavior" refers to actions and skills, "environment" includes any influence, physical or social, that might change or be changed by one's behavior. Behavioral Analysis focuses on the principles of learning

theory and techniques for increasing useful behaviors and decreasing those behaviors that may cause harm or interfere with learning.

Applied Behavior Analysis (ABA) is the application of the principles of learning and motivation from Behavioral Analysis and the procedures and technology derived from these principles to improve socially significant behaviors to a meaningful degree, and to demonstrate that the interventions employed are responsible for the improvement in behavior. Applied Behavior Analysis (ABA) is a process of studying and modifying behavior. It has been rigorously tested and demonstrated as effective for many individuals with Autism and other developmental disorders. Bona fide ABA programming often combines many research-validated methods into a comprehensive and highly individualized plan. For each individual, skills to be increased and problem behaviors to be decreased are clearly defined in observable terms and measured repeatedly through direct observation allowing for a system of accountability. An initial assessment is conducted to determine skills the individual does and does not have. Selection of treatment goals is guided by data from that initial assessment. The overall goal is to help each individual develop skills that will enable him or her to be as independent and successful as possible.

When problem behavior is present, best practice dictates a Functional Behavioral Assessment (FBA) be conducted to understand the communicative functions of the problem behavior. Professionals conducting functional assessments (including functional analyses) of challenging behavior must be familiar with the array of considerations that would indicate certain assessment methods over others.

The goal of a FBA is to understand what purpose the undesirable behavior serves. This is a critical step because one behavior can serve a variety of functions. A functional behavioral assessment includes observation and documentation of setting events, antecedents, consequences, and any other factors that may influence the behavior.

The primary outcome of a Functional Behavioral Assessment is:

1. Creating a clear description of the problem behaviors;
2. Identifying times, contexts, and situations that predict when a behavior problem will or will not occur;
3. Identifying what is gained or avoided when problem behaviors occur;
4. Developing functional hypotheses for behavior problems; and
5. Creating a multi-element behavior intervention plan based upon the results of the Functional Behavioral Assessment.

The Functional Behavioral Assessment informs the development of a Behavioral Support Plan. Such a plan is designed to render the problem behavior irrelevant, inefficient, and ineffective through the active teaching of functionally equivalent adaptive alternatives. Skill acquisition facilitates adaptive repertoires and promotes independent functioning. A comprehensive individualized Behavioral Support Plan shall encompass the following:

- Design and implement individualized programs to build skills and promote independent functioning in each of the following areas: "learning to learn" (e.g., observing, listening, following instructions, imitating); communication (vocal and non-vocal); social interaction; self-care; school readiness; academics; safety; motor; play and leisure; community living; self-monitoring; and pre-vocational and vocational skills.
- Employ an array of scientifically validated behavior analytic teaching procedures, including (but not limited to) discrete trial instruction, modeling, incidental teaching and other "naturalistic" teaching methods, activity-embedded instruction, task analysis, and chaining.
- Incorporate the following techniques into skill-building programs: prompting; errorless teaching and error correction; maximizing learning opportunities; effective reinforcement and motivation techniques; techniques for establishing stimulus control (including discrimination training); preference assessments; and choice procedures.
- Employ a wide array of strategies to program for and assess both skill acquisition and skill generalization over time and across people, settings, situations, and materials.
- Modify instructional programs based on frequent, systematic evaluation of direct observational data.
- Design and implement programs to reduce stereotypic, disruptive, and destructive behavior based on systematic analysis of the variables (antecedents and consequences) that occasion and maintain the behavior and matching treatment to the determined function(s) of the behavior.
- Incorporate extinction and the full array of differential reinforcement procedures into behavior reduction programs based on the best available research evidence.
- Modify behavior reduction programs based on frequent, systematic evaluation of direct observational data. (Consumer Guidelines for Identifying, Selecting, and Evaluating Behavior Analysts Working with Individuals with Autism Spectrum Disorders, Autism Special Interest Group (SIG) of the Association for Behavior Analysis).

Board Certified Behavior Analyst (BCBA)

The BCBA are independent practitioners who also may work as employees or independent contractors for an organization. The BCBA conducts descriptive and systematic behavioral assessments, including functional analyses, and provides behavior analytic interpretations of the results. The BCBA designs and supervises

behavior analytic interventions. The BCBA is able to effectively develop and implement appropriate assessment and intervention methods for use in unfamiliar situations and for a range of cases. The BCBA seeks the consultation of more experienced practitioners when necessary. The BCBA teaches others to carry out ethical and effective behavior analytic interventions based on published research and designs and delivers instruction in behavior analysis. BCBA's supervise the work of Board Certified Assistant Behavior Analysts and others who implement behavior analytic interventions.

Board Certified Assistant Behavior Analyst (BCaBA)

The BCaBA conducts descriptive behavioral assessments and is able to interpret the results and design ethical and effective behavior analytic interventions for individuals. The BCaBA designs and oversees interventions in familiar cases (e.g., similar to those encountered during their training) that are consistent with the dimensions of applied behavior analysis. The BCaBA obtains technical direction from a BCBA for unfamiliar situations. The BCaBA is able to teach others to carry out interventions and supervise behavioral technicians once the BCaBA has demonstrated competency with the procedures involved under the direct supervision of a BCBA. The BCaBA may assist a BCBA with the design and delivery of introductory level instruction in behavior analysis. It is mandatory that each BCaBA practice under the supervision of a BCBA. (Behavior Analyst Certification Board, Inc.).

Additionally, both the BCBA and BCaBA will: provide training in ABA methods and other support services to the families; provide training and supervision to support staff providing in home ABA services; and, collaborate effectively with professionals from other disciplines and with family members to promote consistent intervention and to maximize outcomes.

Individual Support Services Behavioral Technicians implement the ABA interventions specified in the Behavioral Support Plan that assist the child, youth or young adult with acquiring, retaining, improving and generalizing the behavioral, self-help, socialization and adaptive skills necessary to function successfully in the home and community. Behavioral Technicians will provide services directly to the child through evidence-based and data driven methodologies. Individual support services are behavioral, self-care and habilitative related tasks performed and/or supervised by service provider staff in the child, youth and young adult's own home, the home of a relative or other community based living arrangement, in accordance with approved behavioral support plans.

These supports include behavioral supports & training, adaptive skill development, assistance with activities of daily living and community inclusion that assist the youth to reside in the most integrated setting appropriate to his/her needs.

As noted above, intensive in home services shall not be provided in an office setting nor shall the provider require the child, youth, adolescent or young adult and his or her family to meet at a site decided by the provider to receive the services. These services

shall not be provided in a hospital or residential treatment center accredited by The Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations), the Council on Accreditation (C.O.A.), and the Commission on Accreditation of Rehabilitation Facilities (C.A.R.F.). They shall also not supplant existing services.

Applicants whose qualifications are approved will be eligible to provide services. Bidders shall provide information that demonstrates their ability to meet the specified requirements listed in this RFQ.

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.

1. Duties and Obligations

The CSOC is based on the principles of family-focused, accessible, need based, clinically appropriate, and outcome-driven individualized care for children, youth, adolescents and young adults. All system partners of CSOC, through contracted quality assurance measures, are expected to work toward ensuring that youth remain at home, in school, and out of trouble.

The Contracted System Administrator (CSA) is the CSOC's single point of entry. The CSA facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child-serving systems. The respondent 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 Contracted System Administrator.

Respondents are needed that can provide in home behavioral intervention supports for youth with significantly challenging behavioral needs related to their developmental disability diagnosis. Supports will be designed to address the individualized behavioral support plan for each eligible youth. Any proposed support must foster independence, integration, individualization, self-determination, and productivity within the community for each youth while honoring the individual's cultural background. Respondents must be willing to work cooperatively with other providers that are also supporting the individual.

Each youth receiving intensive in home services shall have an approved, documented behavioral support plan developed by an approved credentialed practitioner individually crafted to address identified behavior(s) that impact on the youth's ability to function at home, school or in the community. The behavioral support plan shall identify the

services to be delivered by a provider and incorporate generally accepted professional interventions.

The behavioral support plan shall be authorized by the CSA prior to its implementation. Services shall be subject to prior authorization by the CSA.

Requests for authorization for service utilization and continuing care shall include justification of the need for the level of service intervention; the frequency of the intervention, and the period of time the intervention is needed. Such justification shall be provided for the initial request, as well as for each request for continued services beyond the initial authorization.

Respondents are expected to demonstrate the capability of providing the individualized behavioral supports and services specific for intellectually/developmentally disabled youth based upon each youth's assessed level of need including but not limited to:

Levels of Behavioral Supports

- **Level 1: Formal Behavioral Supports Required**

Individuals have one or more inappropriate/rule violating, self-injurious or aggressive behaviors and these conditions require special behavioral support and/or environmental modifications by on-site staff that have received appropriate training. Support may include redirection, providing additional supervision, personal controls, and implementation of a formal behavioral plan. Behaviors may include but are not limited to: having tantrums/outbursts, smearing feces, hitting own body/face/head, hitting others, property destruction, and/or kicking others.

- **Level 2: Intensive Behavioral Supports Required**

Individuals have one or more inappropriate/rule violating, self-injurious, or aggressive behaviors and these conditions require a very high level of support and environmental modifications by on-site staffs that have received appropriate training. Support may include providing one-on-one supervision, personal controls, and implementation of a formal behavioral plan. Behaviors may include, but are not limited to: sexually aggressive behaviors, running away, eating or mouthing inedible objects, scratching self/others, hitting self/others, biting self/others, head butting others, choking others, and/or kicking others.

Behavioral Assessment:

- Applied Behavior Analysis - Functional Behavioral Assessment and related assessments, e.g., preference assessments, reinforcer assessments;
- Level of Functioning in the six major life areas, also known as Activities of Daily Living (ADL) as measured by the Vineland or other similar accepted tool.

Behavioral Interventions should include but are not limited to:

Development of an individualized behavioral support plan, which includes:

- Appropriate augmentative and alternative communication supports and functional communication training, e.g. visual schedules, contingency maps, PCS, wait signal training;
- Instruction in Activities of Daily Living;
- Implementation of individualized Behavioral Support Plan;
- Individual behavioral supports such as Positive Behavioral Supports;
- Training/coaching for the youth/young adult to meet the individual's behavioral needs;
- Support and training of parent/guardian to successfully implement Behavioral Support Plan, use of Assistive Technology, and other support services as needed, gradually diminishing the need for outside intervention;
- Modifying behavior support plans based on frequent, systematic evaluation of direct observational data;
- Providing training and supervision to support staff providing in home ABA services;
- Recommendations for referrals for medical, dental, neurological, or other identified evaluations;
- Providing coordinated support with agency staff and participating as part of the clinical team;
- Collaborating effectively with professionals from other disciplines that are also supporting the youth, including but not limited to: education, clinicians, physicians, etc.; and,
- The Functional Behavioral Assessment and development of a Behavioral Support Plan shall be an integral part of the treatment planning process for those identified youth.

The respondent must be able to safely address complex needs and challenging behaviors including but not limited to: noncompliance to verbal/written directions, tantrums, elopement, property destruction, physical/verbal aggression, self-injurious behaviors, and inappropriate sexual behavior. Respondents must indicate the level(s) of behavioral supports (1 and 2) the agency is able to provide.

The CSOC prohibits the use of aversive procedures or techniques but recognizes that it may be necessary to employ restrictive procedures necessary to protect the youth or others from harm in a crisis situation. All such procedures must be implemented in the least restrictive intervention reasonable and effective to maintain safety, only after exhausting all possible positive interventions. All respondents are required to describe their policy and protocol for crisis situations. For those Behavioral Support plans that include the use of restrictive procedures, respondents are required to describe their policy and protocol for the use of restrictive procedures in crisis situations, for example: Handle With Care, Crisis Prevention Institute, Professional Crisis Management, or other accredited or nationally recognized program and provide proof of training for all in home staff. Additionally, respondents will be responsible for determining type and intensity of

behavioral supports needed according to regulations or policies developed by CSOC. Respondents will also be responsible for preparing formal behavioral plans and providing staff/parent/legal guardian/caregiver training as needed and in accordance with CSOC policies and procedures and may be required to participate in CSOC approved Positive Behavioral Supports Training and technical support.

Use of ABA services requires the preparation of a formal comprehensive assessment and submission of any behavioral support program, DDD Circular 34 Level III, to the provider agency's internal Behavior Management Committee & Human Rights Committee or the State's Behavior Management Committee & Human Rights Committee for assurance of compliance to Division of Developmental Disabilities Circulars 5, 18, 19 & 34 for approval prior to implementation.

Staff Training should include but is not limited to:

- Positive Behavioral Supports;
- Developmental milestones, identifying developmental needs, strengths;
- Crisis management: Prevention, Recognition and Intervention;
- Understanding Functional Behavior Assessment activities as well as to implement and adapt proactive intervention plans; and
- 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

Eligible Applicants: Independent practitioners as well as for-profit and not-for-profit agencies that are duly registered to conduct business with the State of New Jersey and whose primary focus is the implementation of programs that address the needs of intellectually/developmentally disabled children, youth, adolescents, or young adults under the age of 21 in the State of New Jersey, and that can demonstrate an ability to provide the required services as outlined in this document to ensure that the goals of the RFQ are met. Approved NJ Medicaid providers or entities willing to become Medicaid providers of behavioral supports are required. Any changes in provider information shall be communicated to CSOC and the DMAHS Office of Provider Enrollment. Any changes in personnel providing or supervising services shall be subject to prior approval by CSOC.

2. Quality Assurance

Quality assurance program and practices include:

(a) As part of its continuous quality improvement program, CSOC conducts reviews of enrolled providers. These reviews may be record reviews or site reviews and may be announced or unannounced. As a condition of enrollment and participation in CSOC programs, providers are required to submit to such reviews.

(b) Where CSOC determines that a provider entity is not in compliance with the requirements, the provider entity shall be required to submit a plan of correction. CSOC may take additional appropriate actions against the provider, including, but not limited to, suspension of referrals to the provider, transfer of the provider's current caseload, and referral of the provider to other certifying or licensing agencies or organizations for their review, including, but not limited to, applicable licensing boards, the Medicaid/NJ FamilyCare program, the State treasurer, or any other governmental entity that may be impacted by the inability or failure of the IHH provider to substantially meet the Division's policies and procedures related to services.

Providers of services shall maintain the following data in support of all claims:

1. The name and address of the child, youth, adolescent, or young adult being provided services;
2. The name and credentials of the person(s) providing the service;
3. The exact date(s), location(s) and time(s) of service;
4. The type of the service(s) provided; and
5. The length of face-to-face contact, excluding travel time to or from the location of the contact with the child, youth, adolescent, or young adult receiving services.

The provider shall maintain an individual service record for each child, youth, adolescent, or young adult, which shall contain, at a minimum, the following information:

1. The dates of service and number of care hours, per level of service, received;
2. The diagnosis provided with the initial referral;
3. The reason for initial referral and involvement;
4. The Behavioral Support plan, including any amendments;
5. 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; and
6. For each discrete contact with the child/family, progress notes that address the defined goals stipulated in the child, youth, adolescent, or young adult's Behavioral Support plan must be completed.

All providers shall meet all management information systems specifications as provided by CSOC or its designated agent.

3. Confidentiality Compliance

The provider shall, at all times, in performance of this service, ensure that it maintains State supplied documents in a confidential manner.

Such compliance shall include, but not be limited to, the erasure and deletion of all personal, confidential information that may be contained on all personal computers and their drives prior to disposal, or any other disposition that may be required, of such informational technology equipment in accordance with the requirements set forth by the US Department of Defense (DOD) 5220.22-M Standard.

Such compliance shall further include, but not be limited to, ensuring that the release of client records is restricted to those situations identified in DCF Policy P8.01 – 2007 (revised January 1, 2012) and N.J.S.A. 30:4-24.3.

All data supplied by DCF to the provider are confidential. The provider is required to use reasonable care to protect the confidentiality of such data. Any use, sale or offering of this data in any form by the provider, or any individual or entity in the provider's charge or employ, will be considered a violation of this service and may result in termination and the provider's suspension or debarment from continuing business with DCF. In addition, such conduct may be reported to the State Attorney General for possible criminal prosecution.

HIPAA's (Health Insurance Portability and Accountability Act) privacy regulations require protection of individually identifiable health information. The regulations define "Protected Health Information" as information that relates to the:

- past, present, or future physical or mental health or condition of an individual
- provision of health care to an individual
- past, present, or future payment for the provision of health care to an individual

Protection applies to information collected from the individual or received or created by a health care provider, health plan, health care clearinghouse, or employer, and is maintained or transmitted in any form or medium. All providers shall be required to adhere to HIPPA and execute a HIPPA Privacy Agreement which is located at: <http://www.state.nj.us/dcf/providers/contracting/forms/index.html>

4. Fiscal/Billing Requirements

DCF will notify vendors approved. CSOC will initiate referrals through the Contracted Systems Administrator.

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	Rate	Unit
Master's Level (Behaviorist), Board Certified Behavior Analyst (BCBA)	\$21.25	per 15 Minutes
Bachelor's Level/Master's Level (BCaBA)	\$18.75	per 15 Minutes
Individual Supports (Behavioral Technicians), Bachelor's Level with one year of relevant experience	\$11.25	per 15 Minutes
Individual Supports (Behavioral Technicians), HS Diploma or GED with 3 years of relevant experience	\$6.25	per 15 Minutes

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 complete 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.

IH 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.

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

D. Funding Information:

There is no guarantee that the services will be accessed. Continuation 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 and as a Medicaid approved provider.

Providers unable to satisfy the minimum requirements will be required to notify the Medicaid/NJ FamilyCare office within 10 business days and shall be disenrolled from the Medicaid/NJ FamilyCare program until such time as CSOC notifies the Medicaid/NJ FamilyCare program that the provider is once again approved.

CSOC reserves the right to terminate provider's qualifying status at any time without notice.

E. RFQ Schedule:

December 2, 2013	Notice of Availability of Funds/RFQ publication
December 2, 2013-January 29, 2014	Period for Email Questions sent to DCFASKRFP@dcf.state.nj.us
March 11, 2014	Deadline for Receipt of Proposals by 12:00PM

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

Applications 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
Trenton, New Jersey 08625

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

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

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

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

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

DCF offers the alternative for our bidders to submit applications electronically to the web address above. Online training is available on our website at: www.nj.gov/dcf/providers/notices/

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

F. 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 due date;
- b. The application is signed, dated and authorized by the applicant's Chief Executive Officer or equivalent;
- c. The Part I checklist is signed and dated by each applicant;
- d. The application is complete in its entirety, including all required attachments and Appendices; and
- e. The application conforms to the specifications set forth in the RFQ.

Upon completion of the initial screening, applications meeting the requirements of the RFQ 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 application.

2. Application Review Process

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 service; 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 indication 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 of the Department's intent to qualify the provider.

G. Post Award Requirements:

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, as applicable:

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

The actual award is contingent upon a successful review of qualifications. 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

All applications submitted in response to this RFQ shall be organized in the following manner and each document labeled and indexed in the table of contents:

1. Application proposal cover sheet;*
2. Table of Contents;
3. Part I. Applicant Eligibility Requirements Check List for Behavioral Intervention Supports and Services for I/DD Youth; and
4. Part II. Required Appendices with supporting documentation.

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

Applicants are required to check all applicable boxes within the Applicant Eligibility Requirements Check List for Behavioral Intervention Supports and Services for I/DD Youth and provide supporting documentation. Do not exceed the allotted amount of space within the check list by affixing additional pages as these additional page(s) will **not** be considered.

This check list **must** be completed by all individuals providing in home services. This check list will be provided in a Word Document and will be posted with this RFQ. For Agencies who are applying, the check list **must** be completed for each employee that will be providing the service.

A. Supporting Documents:

Applicants also must provide the documentation as required in the Appendices. Please note: All qualification documents must be listed in a table of contents and identified separately in the RFQ. Include the name(s) of each document(s).

Part I: Applicant Eligibility Requirements Check List for Behavioral Intervention Supports and Services for I/DD Youth

Education and Experience:

Applied Behavior Analysis - Functional Behavioral Assessment and development of a Behavioral Support Plan:

- Bachelor's degree in psychology, special education, guidance and counseling, social work or a related field (minimum);
- At least one year of supervised experience in developing and implementing behavior support plans for individuals who have intellectual/developmental disabilities;
- Board Certified Assistant Behavior Analyst (BCaBA);
- BCaBA under the supervision of a BCBA;

OR

- Master's degree in psychology, special education, guidance and counseling, social work or a related field (minimum);
- At least one year of experience in developing and implementing behavior support plans for individuals who have intellectual/developmental disabilities;

Board Certified Behavior Analyst (BCBA);

Individual Support Services – Behavioral Technicians implement the ABA interventions specified in the Behavioral Support Plan:

High School Diploma; or

↑
 GED; and

↑
 At least three years of supervised experience in implementing behavior support plans for individuals who have intellectual/developmental disabilities;

OR

↑
 Bachelor’s degree in psychology, special education, guidance and counseling, social work or a related field;

At least one year of supervised experience in implementing behavior support plans for individuals who have intellectual/developmental disabilities.

AND

All Applicants:

Pass criminal background check;

↑
 Pass TB test.

Staff Training should include but is not limited to:

↑
 Positive Behavioral Supports;

Developmental milestones, identifying developmental needs, strengths;

Crisis management: Prevention, Recognition and Intervention;

Understanding Functional Behavior Assessment activities as well as to implement and adapt proactive intervention plans;

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);

HIPAA;

Confidentiality and Ethics.

Behavioral Assessment:

Applied Behavior Analysis

Functional Behavioral Assessment and related assessments, e.g., preference assessments, reinforcer assessments;

Vineland - Level of Functioning in the six major life areas, also known as Activities of Daily Living (ADL); or other similar accepted tool (specify)

Behavioral Interventions should include but are not limited to:

↑

Applied Behavior Analysis;

Development of individualized Behavioral Support Plan;

Appropriate augmentative and alternative communication supports and functional communication training, e.g. visual schedules, contingency maps, PCS, wait signal training;

Instruction in Activities of Daily Living;

Implementation of individualized Behavioral Support Plan;

Positive Behavioral Supports;

Training/coaching for the youth/young adult to meet the individual's behavioral needs;

Support and training of Parent/guardian to successfully implement Behavioral Support Plan, use of Assistive Technology, and other support services as needed, gradually diminishing the need for outside intervention;

Modifying behavior support plans based on frequent, systematic evaluation of direct observational data;

Providing training and supervision to support staff providing in home ABA services;

Recommendations for referrals for medical, dental, neurological, or other identified evaluations;

Providing coordinated support with agency staff and participating as part of the clinical team;

Collaborating effectively with professionals from other disciplines that are also supporting the youth, including but not limited to: education, clinicians, physicians, etc.; and,

The Functional Behavioral Assessment and development of a Behavioral Support Plan shall be an integral part of the treatment planning process for those identified youth.

Levels of Behavioral Supports:

- Level 1: Formal Behavioral Supports Required
- Level 2: Intensive Behavioral Supports Required

Does your agency have:

- Behavior Management Committee;
- Human Rights Committee.

All respondents are required to describe their policy and protocol for crisis situations.

Will Behavioral Support plans include the use of restrictive procedures?

- Yes
- No

If **yes**, respondents are required to describe their policy and protocol for the use of restrictive procedures in crisis situations, for example:

- Handle With Care;
- Crisis Prevention Institute;
- Professional Crisis Management; or
- Other accredited or nationally recognized program; (specify) and
- Provide proof of training for all in home staff.

Accessibility of Services:

Do you offer bilingual services?

- Yes (specify languages spoken);
 No

Indicate geographic location(s) where services will be provided.

Indicate the hours and days that services will be available.

When will you be able to begin providing services?

- within the next thirty days
 within the next sixty days

Name, Individual Date

Name, CEO or Equivalent Date

Part II: Appendices

1. Include updated resumes. Make sure to list the **education, training and experience** required under this RFQ.
2. If applicable, proof that the individual/agency applying is an approved NJ Medicaid Provider or is willing to become an approved Medicaid provider.
3. Organizational chart for the proposed program operation.
4. Copy of agency Code of Ethics and/or Conflict of Interest policy, if applicant is a Corporation.
5. Affiliation Agreements, if any
6. Statement of Assurances*
7. Certification regarding Debarment*
8. All required Certification and Disclosure Forms in accordance with PL 2005, c.51 (“Chapter 51”) and Executive Order 117 (2008), if appropriate.**
Note: non-profit entities are exempt from Chapter 51 disclosure requirements.
9. Copy of IRS Determination Letter regarding applicant’s charitable contribution or non-profit status (if appropriate) if a non- profit agency.
10. Copies of all applicable licenses/organization’s licensure status/professional licenses, along with academic credentials and certifications.
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://www.dnb.com>
12. If applicable, proof that the individual/agency applying is an enrolled or approved private insurance provider.
13. Current liability insurance declaration page (Note: This declaration page is the only acceptable submission. Letters stating that insurance has been applied for will not suffice.).
14. If applicable, current malpractice insurance certificate. Note: This certificate is the only acceptable submission. Letters stating that insurance has been applied for will not suffice.
15. Business Associate Agreement for the Health Insurance Portability Act of 1996 compliance, signed and dated at:
<http://www.state.nj.us/dcf/providers/contracting/forms/index.html>
16. Copy of Certification of Employee Information AA302 form.
17. P.L. 2005, Chapter 51 and 271 signed and dated (for-profit organizations only); and Completed Standardized Board of Resolution form and signed and dated Certification of Compliance with Executive Order No. 117.
18. A signed and dated N.J.S.A. 52.34-13.2 Certification, Source Disclosure Form (formerly Executive Order 129).
19. Two written professional references on behalf of the applying individual/agency (references from New Jersey State employees are prohibited):

One should come from an individual or organization whose mission is serving people with intellectual/developmental disabilities. Please include telephone numbers and e-mail for all references so they may be contacted directly.

20. If you or your agency provides services in another state, you must provide a letter from the state agency involved (e.g., an award letter), along with a copy of your license and or certification, if applicable.

21. Crisis Plan

*Standard forms for RFQ's are available at:

www.nj.gov/dcf/providers/notices/ Forms for RFQ's are directly under the Notices section.

** Chapter 51 forms are available on the Department of the Treasury website at: <http://www.state.nj.us/treasury/purchase/> (Note: non-profit entities are exempt from Chapter 51 disclosure requirements.). Click on Vendor Information and then on Forms.

B. Requests for Information and Clarification:

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. Answers will be posted on the website at: <http://www.state.nj.us/dcf/providers/notices/>

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

All inquiries submitted to this email address must identify, in the Subject heading, the specific RFQ for which the question/clarification is being sought.

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. Each question should begin by referencing the RFQ page number and section number to which it relates.

All other types of inquiries will not be accepted. **Applicants may not contact the Department directly, in person, or by telephone, concerning this RFQ.** Inquiries should only be addressed for technical support through DCFASKRFP@dcf.state.nj.us. Inquiries will not be accepted after the closing date of the Question and Answer Period. Written inquiries will be answered and posted on the DCF website as a written addendum to the RFQ.