



REQUEST FOR QUALIFICATIONS

FOR

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

**Responses will be accepted on a rolling basis from
July 15, 2017 through September 7, 2017 at 12 Noon**

Questions will be accepted in advance until **August 25, 2017 12PM**

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

Commissioner

July 14, 2017

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Funding Agency

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

Special Notice:

Questions will be accepted in advance by providing them via email to DCFASKRFP@dcf.state.nj.us until **August 25, 2017 12PM**. Technical inquiries about forms and other documents may be requested anytime

Section I – General Information

A. Purpose:

The New Jersey Department of Children and Families (DCF), Children’s System of Care (CSOC) announces the opportunity for Applicants statewide to become qualified to provide Intensive In Home Individualized Behavioral Supports and Services (IIH Behavioral services) for eligible children, youth, adolescents, or young adults under the age of 21 with an intellectual/developmental disability (I/DD) eligibility in accordance with state and federal law; , and children, youth, adolescents, or young adults under the age of 21 with Autism, (hereinafter youth).

DCF invites providers who are for profit, not for profit, and Limited Liability Corporations:

- 1) With demonstrated expertise in the provision of described services to partner with CSOC and apply to this RFQ. CSOC encourages those with particular specializations as well as out of home treatment providers to apply in order to strengthen our community-based services: and
- 2) Who can demonstrate that they have been providing services for at least three (3) years through their incorporation or registration status as a legally registered entity with the State of New Jersey.

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

B. Background:

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

CSOC’s mission is to support youth with serious emotional and/or behavioral challenges, substance use, and/or intellectual/developmental disabilities and their families/caregivers by providing them with timely services and supports that meet their needs, at the appropriate intensity of service, and for the necessary length of time. The overarching goal of the system is to enable the youth served to remain at home, in school and in the community. In order to accomplish this goal, CSOC is

committed to providing services that are clinically appropriate; individualized; provided in the least restrictive environment; family-driven, with families engaged as active participants; community-based, with care management occurring at the community level; culturally competent and responsive to differences in culture, race and ethnicity; and collaborative across child-serving systems. CSOC believes that the family plays a central role in the health and well-being of youth, and involves families throughout the planning and treatment process in order to create successful life experiences for their youth.

As of January 2013, services for children, youth and young adults with intellectual/developmental disabilities under age 21 were fully transitioned to CSOC from the Department of Human Services. CSOC provides an array of community-based wraparound services and out-of-home treatment services to children, youth and young adults with intellectual/developmental disabilities and their families. Community-based wraparound services may involve almost any service supporting community living for children, including 24/7 Mobile Response services in every county. Additionally, CSOC provides funding for Family Support Services (FSS). These services provide a wide range of supports including, but not limited to, respite, assistive technologies, camps, and home and vehicle modifications for caregivers of youth with developmental disabilities living at home. FSS are federally mandated and detailed under NJ Statute.

IIH Behavioral services are an intensive community-based, family-centered service delivered face-to-face as a defined set of interventions by a clinically licensed or certified practitioner within the context of an approved IIH Behavior Support Plan (BSP). The purpose of IIH Behavioral services is to improve or stabilize the youth's level of functioning within the home and community in order to prevent, decrease or eliminate behaviors or conditions that may lead to or that may place the youth at increased clinical risk, or that may impact on the ability of the youth to function in their home, school or community. IIH Behavioral services are time-limited, and based on clinical necessity. The anticipated outcome is the transfer of skills to the youth and family, diminishing the intensity of treatment over time; to link and transition the youth and their family to community-based services and supports. Applied Behavior Analysis is a component of CSOC IIH Behavioral services.

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, whereas "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. 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/her to be as independent and successful as possible.

C. Definitions:

Behavior Analyst Certification Board[®], Inc. (BACB[®]): Is a non-profit 501(c)(3) corporation established in 1998 to meet professional credentialing needs identified by behavior analysts, governments, and consumers of behavior analysis services. The BACB adheres to international standards for boards that grant professional credentials. The BACB's certification procedures and content undergo regular psychometric review and validation pursuant to a job analysis survey of the profession and standards established by content experts in the discipline. The Behavior Analyst Certification Board's BCBA and BCaBA credentialing programs are accredited by the National Commission for Certifying Agencies (NCCA) in Washington, DC. NCCA is the accreditation body of the Institute for Credentialing Excellence.

Behavioral Technicians (BT): BTs implement the ABA interventions specified in the BSP that assist the youth with acquiring, retaining, improving and generalizing the behavioral, self-help, socialization and adaptive skills necessary to function successfully in the home and community. BTs will provide services directly to the youth through evidence-based and data driven methodologies. These supports include behavioral supports and 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.

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 ABA. The BCaBA obtains technical direction from a BCBA for unfamiliar situations. The BCaBA is able to teach others to carry out interventions and supervise BTs 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.)

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 BCaBA and others who implement behavior analytic interventions. (Behavior Analyst Certification Board[®], Inc.)

Board Certified Behavior Analyst-Doctoral[™] (BCBA-D[™]): The Behavior Analyst Certification Board[®], Inc. (BACB) offers a doctoral designation for Board Certified Behavior Analysts with doctoral training in behavior analysis — Board Certified Behavior Analyst-Doctoral[™] (BCBA-D[™]). It is not a separate credential and it does not grant any special privileges above or beyond the BCBA credential. Professionals who are credentialed at the BCBA-D level function in the same capacity as a BCBA (i.e., they are independent practitioners who provide behavior-analytic services). BCBA-Ds supervise

the work of Board Certified Assistant Behavior Analysts, Registered Behavior Technicians, and others who provide behavior-analytic interventions. BCBA-Ds who wish to provide supervision must complete additional training and continuing education requirements. Additional information regarding BCBA-Ds who wish to provide supervision are available at: <https://bacb.com/supervision-requirements/> This position is strongly recommended but not required.

Care Management Organization (CMO): Care management entities are responsible for face-to-face care management and comprehensive service planning for youth and their families with moderate or complex needs. CMOs coordinate Child and Family Team (CFT) meetings, and implement Individual Service Plans (ISP) for each youth and his/her family. Additionally, they coordinate the delivery of services and supports needed to maintain stability and progress towards goals for each youth, utilizing a Wraparound approach to planning.

Child and Family Team (CFT): The Child and Family Team is where all comprehensive assessment and planning for a youth and their family is accomplished. The CFT provides voice and engagement of youth and families in addressing their needs while assisting them in building strengths and a natural support system. The CFT works towards developing a long term sustainable plan for the youth and family that can support them without reliance on a formal system to meet their needs. Through the CFT process, the team assesses youth and family needs, and designs, implements, and manages youth guided and family driven supports and services for youth.

Contracted System Administrator (CSA): The CSA is CSOC's single point of entry and facilitates service access, linkages, referral coordination, and monitoring of CSOC services. The CSA will initiate referrals for IIH Behavioral services. The CSA also maintains CSOC's Management Information System (MIS) which serves as the electronic health record for youth enrolled with CSOC. Information is Health Insurance Portability and Accountability Act (HIPAA) protected and is compliant with 42 CFR Part 2, where appropriate.

Danielle's Law: This law requires anyone who works directly with individuals with I/DD or traumatic brain injury to call 911 in life threatening emergencies.

www.state.nj.us/humanservices/dd/resources/info/danielleslawtrnee.html

Fee-For Service: Service providers are reimbursed under fee for service rate.

Health Insurance Portability and Accountability Act (HIPAA): A federal law that establishes privacy standards for protected health information held by "covered entities" (health plans, health care clearinghouses and most health care providers). The implementing regulations at 45 C.F.R. Parts 160 and 164 (known as the "Privacy Rule") issued by the U.S. Department of Health and Human Services provide standards for the use and disclosure of protected health information.

Individualized Service Plan (ISP): A comprehensive, integrated plan that uses the identified strengths of the child, youth, and young adult and his or her family/caregivers by addressing the needs of the child, youth, and young adult and family/caregivers across life domains.

Protected Health Information (PHI): Individually identifiable health information transmitted or maintained by a covered entity or its business associate. Health information is any information that "relates to the past, present, or future physical or mental health or condition of an individual; the

provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.” 45 C.F.R. 160.103.

Registered Behavior Technician (RBT®): is a BACB certificant paraprofessional who practices under the close, ongoing supervision of a BCBA or BCaBA. The RBT is primarily responsible for the direct implementation of behavior-analytic services. The RBT does not design intervention or assessment plans. It is the responsibility of the RBT supervisor to determine which tasks an RBT may perform as a function of his or her training, experience, and competence. The BCBA or BCaBA supervising the RBT is responsible for the work performed by the RBT on the cases they are overseeing. (Behavior Analyst Certification Board®, Inc.).

Unusual Incident Reporting (UIR): UIR is a requirement as per DHS Administrative Order 2:05 and its Addendum.

D. Description of Required Services:

DCF is seeking to approve all Applicants whose qualifications are aligned with this RFQ to deliver IIH Behavioral services. Applicants who can demonstrate the capacity to provide services to non-English speaking and non-verbal individuals are encouraged to apply. For the purposes of this RFQ, IIH Behavioral services are inclusive of the administration of assessments; the creation of individualized BSPs; and the provision of services by professionals who meet or exceed the minimum educational and certification requirements set forth in this RFQ.

IIH Behavioral services include a comprehensive integrated program of services to support improved behavioral, social, educational and vocational functioning. In general, this program will provide 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 BSP. The BSP 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 Applicant must be able to safely address complex needs and challenging behaviors including but not limited to: sexually inappropriate/aggressive behaviors, eating or mouthing inedible objects, scratching self/others, hitting self/others, biting self/others, head butting others, choking others, kicking others, property destruction, having tantrums/outbursts, smearing feces, noncompliance to verbal/written directions, elopement/bolting, physical/verbal aggression, and self-injurious behaviors. All Applicants are required to describe their policy and protocol for crisis situations.

Interventions will be delivered with the goal of diminishing the intensity of treatment over time. IIH Behavioral services are medically necessary behavioral interventions based on the principles of ABA or related structured behavioral programs, as prescribed through a BSP. 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. IIH Behavioral 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, I/H Behavioral services are easily evaluated for effectiveness and change.

Applicants shall articulate how both explicit and implicit trauma will be addressed within the context of staff support and assessment/treatment.

While individuals may exhibit overt symptoms of trauma, others may exhibit implicit trauma. Implicit trauma indicators are reflective of situations and experiences that may not result in an explicit memory of a specific traumatic event and/or manifest reactive behaviors. Such indicators may include, but are not limited to, in utero/infant trauma, adoption, caregiver terminal illness, caregiver separation/grief/loss, cultural trauma, multiple placements, and multiple system involvement. However, these experiences are prone to cause reaction by the individual at some point and thus should be considered during the assessment and treatment planning process.

Applicants must describe models of intervention that actively treat underlying trauma and consequent attachment issues. Many individuals exhibit symptoms of Post-Traumatic Stress Disorder (PTSD), which is thought to be significantly under diagnosed in individuals with intellectual/developmental disabilities. Increased isolation and fewer social opportunities and challenging behaviors often time associated with I/DD can contribute to low self-esteem and increase the probability of undetected abuse and neglect. **Applicants must be cognizant of this fact and describe how they plan to assure the safety of these vulnerable youth by minimizing any situations that would deepen, intensify, or create trauma.**

CSOC also requires that interventions utilize the Nurtured Heart Approach.

“The Nurtured Heart Approach® is a relationship-focused methodology founded strategically in The 3 Stands™ for helping children (and adults) build their Inner Wealth® and use their intensity in successful ways. It has become a powerful way of awakening the inherent greatness in all children while facilitating parenting and classroom success.

The essence of the Approach is a set of core methodologies originally developed for working with the most difficult children. It has a proven impact on every child, including those who are challenged behaviorally, socially and academically. The Nurtured Heart Approach has been shown to create transformative changes in children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder, Reactive Attachment Disorder and other behavioral, emotional and anxiety related symptoms – almost always without the need for long-term mental health treatment. Even children experiencing social cognitive challenges, like Autism Spectrum Disorder and Asperger Syndrome greatly benefit from the Approach, reducing the need for traditional mental health and medical interventions.

Traditional approaches often fall short of promoting the Inner Wealth essential for children to build successful relationships. This method has helped thousands of families, educators, and child advocates channel a child’s intensity in beautifully creative and constructive ways – helping children achieve new emotional portfolios of confidence and enduring levels of competency.”

<http://childrensuccessfoundation.com/about-nurtured-heart-approach/>

When problem behavior is present, best practice dictates conducting a Functional Behavior Assessment (FBA) to understand the communicative functions of the problem behavior. Professionals

conducting FBA (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 FBA includes observation and documentation of setting events, antecedents, consequences, and any other factors that may influence the behavior.

The primary outcome of a FBA is:

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

The FBA informs the development of a BSP. 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 BSP 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).

Any proposed BSP must foster independence, integration, individualization, self-determination, and productivity within the community for each youth while honoring the individual's cultural background.

Only a BCBA-D, BCBA or BCaBA (under the supervision of a BCBA) shall complete the FBA and BSP and any updates to the plan. BTs implement the ABA interventions specified in the BSP.

Additionally, the BCBA-D, BCBA and BCaBA will provide training in ABA methods and other support services to the families; provide training and supervision to BT 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.

CSOC prohibits the use of aversive procedures or techniques. It may be necessary to employ restrictive procedures necessary to protect the youth or others from harm in a crisis situation. Any technique or hold should be used only with caution, by well-trained individuals, only when there is clear, **imminent** danger of injury either to self or others, with the least restrictive procedures reasonable and effective to maintain safety, and only after exhausting all possible positive interventions.

For those BSPs that include the use of holds, Applicants will be required to have a written plan for it that includes:

- the exact circumstances under which the hold will be used and not used;
- the names of the people (and documentation of their training) who will perform the hold;
- the exact type of hold to be used;
- the method for families/staff/others to provide a written report to the BCBA of each hold which should include: frequency, type and duration of the hold and related Antecedents, Behaviors, Consequences (ABC) data; and
- the documentation of any recommendations for services needed in addition to the BSP to keep the youth and family safe (if applicable).

Applicants must describe their policy and protocol for the use of restrictive procedures in crisis situations. Additionally, all staff providing in-home service must be trained by an accredited or nationally recognized program, for example: Handle With Care, Crisis Prevention Institute, Professional Crisis Management, Elwyn, etc. and Applicants must have proof of training for all in-home staff. Applicants 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 BSP and providing staff/family training as needed and in accordance with CSOC policies and procedures and may be required to participate in CSOC approved technical support.

Until such time that CSOC finalizes their own regulations or policies, the use of ABA services requires the preparation of a formal comprehensive assessment and submission of any BSP that contains restrictive techniques as defined in the DDD Circular 34 Level III, to the provider agency's internal

Behavior Management Committee and Human Rights Committee or the State's Behavior Management Committee and Human Rights Committee for assurance of compliance to Division of Developmental Disabilities (DDD Circulars 5, 18, 19 & 34, for approval prior to implementation.

IIH Behavioral services shall not be provided in an office setting nor shall the provider require the youth and his/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. They shall also not supplant existing services.

Eligible Applicants are for-profit, non-profit agencies and Limited Liability Corporations 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 youth with I/DD 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 Medicaid (NJ FamilyCare) providers or entities willing to become NJ FamilyCare providers of IIH Behavioral services are required. Any changes in provider information shall be communicated to CSOC and the Division of Medical Assistance and Health Services (DMAHS) Office of Provider Enrollment. Any changes in personnel providing or supervising services must be reported on a quarterly basis to CSOC.

Each provider qualified under this RFQ shall:

1. 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.
2. Ensure that all ABA and related assessment and intervention services are delivered in accordance with BACB standards as outlined in the *Professional and Ethical Compliance Code for Behavior Analysts*.
3. Ensure that the FBA and development of a BSP shall be an integral part of the treatment planning process for those identified youth.
4. Provide behavioral interventions that include but are not limited to:
 - a) Appropriate augmentative and alternative communication supports and functional communication training, e.g. visual schedules, contingency maps, picture exchange communication system (PECS), wait signal training;
 - b) Instruction in activities of daily living;
 - c) Positive behavior supports;
 - d) Training/coaching for the youth to meet the individual's behavioral needs;
 - e) Support and training of families to successfully implement BSP, use of assistive technology, and other support services as needed, gradually diminishing the need for outside intervention;
 - f) Modifying BSPs based on frequent, systematic evaluation of direct observational data;
 - g) BCBA/BCaBA training and supervision of support staff providing in-home ABA services one hour per week, at a minimum;
 - h) BCBA-D provides consultation and technical assistance to BCBA/BCaBA and support staff providing in home support services;

- i) Recommendations for referrals for medical, dental, neurological, or other identified evaluations;
- j) Providing coordinated support with agency staff and participating as part of the clinical team; and
- k) Collaborating effectively with professionals from other disciplines that are also supporting the youth, including but not limited to: CMO, education, clinicians, physicians, etc.

5. Behavioral Supports

Applied Behavior Analysis - Functional Behavior Assessment, development of a Behavior Support Plan and supervision of Behavior Technicians by professionals with documented expertise in the assessment and treatment of challenging behavior:

- Bachelor's degree in behavior analysis, psychology, special education, guidance and counseling, or social work and at least one year (1) of post-graduate experience in developing and implementing behavior support plans for individuals who have intellectual/developmental disabilities.
 - Bachelor's degree Board Certified Assistant Behavior Analyst, BCaBA is required, and,
 - BCaBA must be under the supervision of a BCBA, or;
- Master's degree in behavior analysis, psychology, special education, guidance and counseling, or social work or and at least one year (1) of post-graduate experience in developing and implementing behavior support plans for individuals who have intellectual/developmental disabilities.
 - Master's degree Board Certified Behavior Analyst, BCBA is required, or;
- Doctorate degree in behavior analysis, psychology, special education, guidance and counseling, or social work and at least one year (1) of post-graduate experience in developing and implementing behavior support plans for individuals who have intellectual/developmental disabilities and significant learning and behavioral challenges.
 - Doctorate degree Board Certified Behavior Analyst, BCBA-D is required if this position is offered or added

6. Behavior Technicians

Implement interventions in the Behavior Support Plan:

- Registered Behavior Technician (RBT) by the Behavior Analyst Certification Board (BACB) and at least one year (1) of supervised experience in implementing behavior support plans for individuals who have intellectual/developmental disabilities; or
- Bachelor's degree in behavior analysis, psychology, special education, guidance and counseling, or social work and at least one year (1) of supervised experience in implementing behavior support plans for individuals who have intellectual/developmental disabilities; or
- High School Diploma or GED and at least three (3) years of supervised experience in implementing behavior support plans for individuals who have intellectual/developmental disabilities.

7. Comply with the requirements to report suspected abuse and neglect:
 - a) against a child under 18 years of age to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ ABUSE as set forth in N.J.S.A. 9:6-8.10; and
 - b) against a vulnerable adult 18 years of age or older to Adult Protective Services (APS) as set forth in N.J.S.A. 52:27D-406 to 426.
8. Complete and send a report for all IIH Behavioral services related accidents, incidents, or unusual occurrences involving youth, staff and/or families in accordance with the DHS Administrative Order 2:05 and its Addendum. Qualified providers will receive detailed information on accessing and using the reporting system.
9. Maintain on site a written program description that specifies statement of purpose and description of overall approach to service delivery and family involvement.
10. Inform families at intake of:
 - a) the mandated reporting responsibilities of agency staff /IIH Behavioral services staff;
 - b) the grievance procedure established by the agency; and
 - c) their access to records upon request and within statutory authority.
11. Adhere to the requirements of HIPAA, N.J.S.A. 30:4-24.3, and any other applicable law regarding confidentiality.
12. Protect the confidentiality of the families served.
13. Maintain an individual service record for each youth, which shall contain, at a minimum, the following information:
 - a) documentation that family members have been informed of their rights, consents for assessment and plans, and the agency's policies and obligations;
 - b) contact phone numbers for the IIH Behavioral services staff and any supervisor;
 - c) the reason for initial referral and involvement;
 - d) information on the youth's behavior from the family, youth's interests and any limitation on activities;
 - e) the initial schedule for allocation of IIH Behavioral services hours;
 - f) for each discrete contact with the youth and family, progress notes that address the defined goals stipulated in the youth's BSP must be completed;
 - g) dates of service and number of care hours, per level of service, received;
 - h) documentation of any and all crisis or emergency situations that occur during the provision of the services, including a summary of action taken and resolution of the situation.
14. Be responsible for the safety and welfare of the youth served and develop the means to ensure and document on site that every IIH Behavioral services staff it hires for all services, or reimburses under an IIH Behavioral services program, will:

- a) pass a criminal background check, including fingerprinting and must ensure that all employees of the agency and agency reimbursed IIH Behavioral services staff rendering IIH Behavioral services will have State and Federal background checks with fingerprinting completed now and every two (2) years thereafter;
- b) pass the Central Registry of Offenders Against Individuals with I/DD check;
- c) be over 18 years of age;
- d) attend and participate in all required trainings; *see number 15 below*
- e) maintain progress notes with a brief description of each service visit;
- f) obtain permission from the family for all activities; and
- g) pass Tuberculin Skin (TB) test (i.e. medical clearance to provide services).

NOTE: Obtaining the TB test for the IIH Behavioral services staff is the responsibility of the individual worker. Individuals may obtain a TB test from multiple sources: private physician, Federally Qualified Health Center (FQHC), County Health Department, Clinics in local hospitals, and some select pharmacies. FQHC charge using a sliding fee scale, based on income and ability to pay; County Health Departments are generally free, and select pharmacies charge a set fee. It is the provider's responsibility to obtain proof of completion, i.e. a statement that the IIH Behavioral services staff has completed the TB test and is able to work. The provider agency shall keep this statement for their records. Do not send this statement or protected health information (actual medical records).

15. Promote the improvement of the quality of services provided through staff training which shall include but is not limited to:

- a) Positive Behavior Supports;
- b) Developmental Milestones; identifying developmental needs and strengths;
- c) Nurtured Heart Approach
- d) Crisis Management: Prevention, Recognition and Intervention; such training shall include proper procedures for the use of blocks and releases; and requesting assistance of a crisis center or 911 for situations that become dangerous and beyond the family and provider's ability to address;
- e) HIPAA;
- f) Confidentiality and Ethics;
- g) Understanding FBA activities as well as implementing and adapting proactive intervention plans;
- h) Danielle's Law (In compliance with P.L.2003, c.191 [C.30:6D-5.1-5.6]);
- i) Identifying and reporting abuse and neglect: child abuse and neglect; and abuse, neglect, or exploitation of a vulnerable adult age 18 or over; and
- j) Any CSOC future training(s) as determined necessary.

NOTE: Providers may access the DCF CSOC training site and staff may attend our offered training(s) which are free of charge. Staff may receive training in the required topics from any other appropriate source. Many agencies have their own curriculums and train staff in-house.

16. Be available via phone to all IIH Behavioral services staff to address urgent policy and procedure issues and/or provide support.

17. Have an agency Human Rights Committee and a Behavior Management Committee or access to and use of an alternative Human Rights Committee and Behavior Management Committee in compliance with DDD Circulars 5, 18, 19 & 34.
18. Comport with the administrative procedures that result in the timely provision of appropriate services, by:
 - a) proper use of the CSA's electronic record system; meeting all MIS specifications as provided by CSOC or its designated agent;
 - b) accepting new referrals, i.e. service authorizations, only if able to staff the on-going in-home BSP services;
 - c) informing the CSA and the CMO immediately if unable to accept a new service authorization;
 - d) meeting with the youth and family within three (3) business days of receiving service authorization;
 - e) completing and submitting a FBA and a BSP within twenty one (21) business days of receiving service authorization;
 - f) completing at a minimum, weekly progress notes in the MIS by all staff providing in-home service and after each crisis episode;
 - g) updating the BSP prior to the expiration of the ninety (90) day authorization, for review at the CFT meeting; and
 - h) attending or participating in all CFT meetings.
19. Comport with the fiscal procedures that result in accurate invoicing, and correct payments by submitting claims within thirty (30) days of the completion of a service that specify the youth served and the number of hours of service.
20. Maintain the following data in support of all claims:
 - a) name and address of the youth being provided services;
 - b) the name and credentials of the person(s) providing the service;
 - c) the exact date(s), location(s) and time(s) of service;
 - d) the type of IIH Behavioral services provided and its service code;
 - e) authorization number;
 - f) length of face-to-face contact, excluding travel time to or from the location of the contact with the youth receiving services;
 - g) number of units being claimed;
 - h) start and end dates of service;
 - i) total charge; and
 - j) comments (optional).
21. Transition families from IIH Behavioral services when appropriate, in accordance with CSOC policies

E. Quality Assurance:

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

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.

Where CSOC determines that a provider entity is not in compliance with the requirements of this RFQ and CSOC policies and procedures related to the services, 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 census, and referral of the provider to other certifying or licensing agencies or organizations for their review, including, but not limited to, applicable licensing boards, certification boards, the NJ Family Care program, the State Treasurer, or any other governmental entity that may be impacted by the inability or failure of the IHH Behavioral services provider to substantially meet the DCF's policies and procedures related to services.

F. Process for Providing Service:

All Applicants qualified under this RFQ will be authorized to access the CSOC MIS, which serves as the electronic record for youth enrolled with CSOC. Information and technical assistance will be provided.

Referrals for the FBA and related BSP will come through the CMO as a part of the CFT process. The CMO will request service in their ISP and submit to the CSA for review and service authorization. Upon authorization, providers will receive referrals through their Welcome Page and be able to view the authorization information directly in the MIS.

Providers are expected to contact family upon receipt of referral, determine ability to staff referral, and to call CSA and CMO immediately if unable to staff referral or family declines the service. Providers able to staff the FBA and on-going BSP intervention will access the FBA and BSP in electronic record and complete within twenty one (21) business days (both documents are due within 21 business days). Informed consent by the family is required, indicated by family signing the Parental Consent Form; and provider attestation on the electronic BSP. Families are required to be a part of the treatment to ensure skills are transferrable and sustainable.

CSA shall conduct a clinical review and if the documentation is insufficient, providers will be alerted. The BSP shall be authorized by the CSA prior to its implementation. Families receive a letter informing them of the authorized service, providers receive information by viewing their Welcome Page in the electronic record.

Authorization is created for a ninety (90) day timeframe for all approved BSP's, an updated BSP must be submitted, prior to the expiration of the current authorization for review at the CFT meeting.

Authorizations average in the range of ten (10) to twelve (12) hours per week of BT support (Moderate 10-12 hrs. week; High 15-17 hrs. week); all authorizations include three (3) hours combined per week of BCBA (or BCaBA) Direct and Indirect Supervision; and are for a specific number of units for a ninety (90) day period. Providers must not exhaust or exceed the number of units prior to the end of the ninety (90) day period as additional units will not be authorized until the following ninety (90) day review; however, customization of the services based on the individualized assessed needs of the youth and family is allowed, that is, providers may want to front end the number of units utilized in the beginning of treatment and then gradually decrease up to the end of the current authorization period. The BCBA-D, if offered, shall provide consultation services to the BCBA and/or BCaBA.

Providers are responsible for tracking the authorizations units used/remaining. Requests for authorization for 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. The CMO will request subsequent authorizations through their ISP following the CFT meeting.

The above is a brief description of the IIH Behavioral services process. Providers qualified under this RFQ will be provided additional information and technical support.

G. 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 | Rate | Unit |
|--|-------------|----------------|
| Board Certified Behavior Analyst – D (BCBA-D), Doctoral Level | \$46.25 | per 15 Minutes |
| Board Certified Behavior Analyst (BCBA), Master's Level | \$21.25 | per 15 Minutes |
| Board Certified Assistant Behavior Analyst (BCaBA), Bachelor's / Master's Level | \$18.75 | per 15 Minutes |
| Behavioral Technicians (BT), Bachelor's Level with one year of relevant experience | \$11.25 | per 15 Minutes |
| Behavioral Technicians (BT), HS Diploma or GED with three years of relevant experience | \$6.25 | per 15 Minutes |

IIH Behavioral services are reimbursed on a fee-for-service basis. Units of service are defined as fifteen (15) minutes of **direct** contact service provided to, or on behalf of the youth. Units cannot be rounded up and direct service must be provided for the full (fifteen) 15 minutes in order to bill. Qualified Applicants will submit claims through the DMAHS's fiscal agent, Molina. Information and technical assistance will be provided to Applicants qualified under the RFQ on billing procedures.

CSOC will send a Medicaid Provider Application to qualifying providers. Applications must be completed/submitted directly to CSOC. Authorization for services cannot be granted until an IIH Behavioral services Medicaid provider number is issued.

If the published rate shall change the amount received by the provider shall change.

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.

If services have not been provided within seven (7) days from referral, the provider must inform the CSA of the reason for delay.

Upon request by DCF, and in order to provide the State with the ability to determine the Applicant's financial capacity and capabilities to undertake and successfully meet its obligations upon referral, Applicants shall have available two (2) 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.

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.

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

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

Matching funds are not required.

Operational start-up costs are not permitted.

Any expenses incurred prior to the effective date of the award will not be reimbursed by DCF.

Section II - Application Instructions

A. RFQ Schedule, Format and Delivery:

| | |
|-------------------|---|
| July 14, 2017 | Notice of Availability of Funds/RFQ publication |
| August 25, 2017 | Deadline for Email Questions sent to DCFASKRFP@dcf.state.nj.us |
| September 7, 2017 | Deadline for Receipt of Proposals by 12:00PM |

Proposals received after **12:00 PM on September 7, 2017** will **not** be considered. Applicants shall submit **one (1) signed original** and should submit **one CD ROM** as indicated below.

Paper documents submitted must be separated by dividers that include the name(s) of each document(s). All applications submitted in response to this RFQ, whether in paper or electronic form, shall be organized in the following order:

1. Application proposal cover sheet - Please use the standard forms for RFPs found directly under the Notices section at: www.nj.gov/dcf/providers/notices/.
2. Table of Contents - Each submitted document must be labeled and indexed in this table.

Responses must be delivered either:

1) In person to:

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

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

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

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

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

3) Online:

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

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

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

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

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

B. RFQ Administration:

1. Screening for Eligibility, Conformity and Completeness

DCF will screen proposals 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 applicant attended the Bidders Conference (if required)
- d. The application is complete in its entirety, including all required attachments and appendices
- e. The application conforms to the specifications set forth in the RFQ

Upon completion of the initial screening, proposals 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 proposal if such absence affects the ability of the committee to fairly judge the application.

2. Qualification Review Process

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

DCF also reserves the right to reject any and all responses when circumstances indicate that it is in its best interest to do so. DCF'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 DCF 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 DCF's intent to award a contract.

3. Special Requirements

The successful Applicant shall maintain all documentation related to products, transactions or services under this contract for a period of seven (7) years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

All Applicants must also comply with the following:

- a) Any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology.
- b) Any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.
- c) Organ and Tissue Donation: As defined in section 2 of P.L. 2012, c. 4 (N.J.S.A.52:32-33), contractors are encouraged to notify their employees, through information and materials or through an organ and tissue awareness program, of organ donation options. The information provided to employees shall be prepared in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C. §1320b-8 to serve in this State.
- d) The State Affirmative Action Policy N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27. Details are included in **Exhibit A.**
- e) Anti-Discrimination Laws. Details are included in **Exhibit B.**
- f) Applicants must submit **with** their response to this RFQ all of the documents listed as CSOC Pre-Award Documents Required to Be Submitted with a Response to a RFQ. Also included as **Exhibit C.**
- g) Applicants who receive a qualification letter after submitting a response to this RFQ thereafter must submit as a condition of receiving a contract, all of the documents listed in **Exhibit D: CSOC Post-Award Documents Required To Be Submitted for Contract Formation if the Response to the RFQ Results in an Award.** **Exhibit D,** therefore, provides notice to applicants who are successful in securing an award that the listed documents will be required to be

submitted to your assigned contract administrator, or maintained on site as indicated, after notice of award as a condition of receiving a contract

- h) 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

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> .

C. 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 DCF 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.

D. Appeals:

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

Office of Legal Affairs
Contract Appeals
50 East State Street 4th Floor

NOTE: Appeals must be submitted no later than ten (10) business days following receipt of the notification or by the deadline posted in this announcement.

E. Post RFQ Process Review:

As a courtesy, DCF may offer unsuccessful Applicants an opportunity to review the Evaluation Committee's rating of their individual applications to be qualified to provide services. All Post RFQ Process Reviews will be conducted by appointment.

Applicants may request a Post RFQ Process Review by contacting: DCFASKRFP@dcf.state.nj.us.

Post RFQ Process Reviews will not be conducted after six (6) months from the date of issuance of this RFQ.

F. Post Qualification Requirements:

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

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

Must be approved NJ FamilyCare providers or entities willing to become NJ FamilyCare providers. NOTE: CSOC will send a Medicaid Provider Application to qualifying providers. Applications must be completed/submitted directly to CSOC prior to receiving an authorization for services.

Qualified Applicants will also be required to submit one (1) copy of the Post Award Documents, **Exhibit D**, before their contract with DCF is finalized and authorizations to provide services are issued.

Section III – Required Qualifications and Documentation

A. Required Qualifications:

1. Applicants must conform to the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3).
2. Applicants must be for profit, not for profit corporations or Limited Liability 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. Applicants shall not be suspended, terminated or barred for deficiencies in performance of any award, and if applicable, all past issues must be resolved as demonstrated by written documentation
5. If 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.
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 have the capability to uphold all administrative and operating standards as outlined in this document.
10. Applicants must have the ability to achieve full operation within sixty (60) days of qualification.
11. 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 to become a qualified IIH Behavioral services provider will be paid for by DCF. Instructions on the fingerprinting process and background checks will be provided to each qualified Applicant. Attachment 4, 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 Community Agency Head's signed form must be submitted with the application.**
12. Applicants must ensure that all IIH Behavioral services staff and agency reimbursed IIH Behavioral services staff complete a TB Skin Test. Employees of the Agency and IIH Behavioral services staff rendering in-home services are required to pass a TB Skin Test. *Do not send protected health information; Applicants shall **record and maintain** records of employees and IIH services staff on file in the Applicant office available for review and audit upon reasonable notice.*
13. In addition, provider agencies must comply with N.J.S.A. 30:6D-73 et seq. Central Registry of Offenders Against Individuals with Developmental Disabilities. Agencies must ensure that the names of all agency employees, volunteers, consultants, and IIH Behavioral services providers that provide services to youth with I/DD will 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 you are not registered to access the Central Registry, DCF will facilitate the qualified Applicant's registration into this system.

14. Applicants must comply with Danielle’s Law:
www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html.
15. 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.

B. Required Documentation:

All applications submitted in response to this RFQ, whether in paper or electronic form, must follow the checklist order and naming conventions bolded below. If submitting by paper, please include dividers that identify the name of each document. If submitting electronically, please attach and label each document separately; items should not be submitted as one continuous document/attachment.

All supporting documents 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 – 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 – Each submitted document must be labeled and indexed in this table. Page numbers are appreciated. |
| 3 | <input type="checkbox"/> Attachment 3 – Submit a signed/dated “ Attestation ” form (attached) |
| 4 | <input type="checkbox"/> Attachment 4 – For Community Agency Head Only for this RFQ – Submit a signed/dated Community Agency Head and Worker Certification, Permission for Background Check and Release of Information (attached) |
| 5 | <input type="checkbox"/> Crisis Policy – Submit a copy of your agency’s policy for handling crisis situations. Policy must address prevention, recognition, intervention and debriefing. It must also demonstrate compliance with “Danielle’s Law”, P.L.2003, c.191 [C.30:6D-5.1-5.6]. Submission of agency policy which does not meet these criteria will result in rejection of your application. Website: www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html |
| 6 | <input type="checkbox"/> Three (3) written professional letters of support on behalf of the applying individual/agency specific to the provisions of services under this RFQ (references from family members of individuals receiving services and New Jersey State employees are prohibited). One professional letter of support should come from an individual or organization whose mission is serving people with intellectual/developmental disabilities; additionally, a professional letter of support from the CMO of the county you are serving is encouraged. Template/duplicate letters of support are not acceptable. Please include telephone numbers and e-mail for all references so they may be contacted directly. |

ADDITIONAL REQUIRED CONTRACT DOCUMENTS FROM EXHIBIT C TO BE SUBMITTED WITH THIS PROPOSAL

| ▶ CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RESPONSE: | |
|--|--|
| 1 | <input type="checkbox"/> Signed 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 , with signature under Business Associate (signed/dated) [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 |
| 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 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 Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf |
| 6 | <input type="checkbox"/> For Profit: Statement of Bidder/Vendor Ownership Form (PDF) (signed/dated) Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/OwnershipFinal12-14.pdf |
| 7 | <input type="checkbox"/> Subcontract/Consultant Agreements related to this RFQ - 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 |

| | |
|---|---|
| ▶ CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RESPONSE: (continued) | |
| 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 |
| 16 | <input type="checkbox"/> Chapter 271/Vendor Certification and Political Contribution Disclosure Form (signed/dated) 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 WITH THE RESPONSE AND <u>ANNUALLY</u> UPDATED THEREAFTER: | |
| 17 | <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 |
| 18 | <input type="checkbox"/> Tax Forms: <u>Non Profit</u> Form 990 Return of Organization Exempt from Income Tax --or-- <u>For Profit</u> Form 1120 US Corporation Income Tax Return --or-- <u>LLC</u> Applicable Tax Form and may delete or redact any SSN or personal information |
| 19 | <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 |
| 20 | <input type="checkbox"/> Annual Report to Secretary of State Website: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml |
| 21 | <input type="checkbox"/> Certification Regarding Debarment (signed/dated) Form: http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf |
| 22 | <input type="checkbox"/> Professional Licenses related to job responsibilities for this RFQ - If not applicable, include a written statement |
| 23 | <input type="checkbox"/> Proposed Organizational Chart for Services Required by this RFQ - include date created |
| 24 | <input type="checkbox"/> IIH Agency Data Information (Attachment 1) |
| 25 | <input type="checkbox"/> IIH Program Component Form (Attachment 2) |

ATTACHMENT 1
 New Jersey Department of Children and Families
 Children's System of Care (CSOC)
IIH: Intensive In Home Behavioral
AGENCY DATA INFORMATION FORM

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): _____ ▪ IIH Medicaid (7-digit):* _____

*Leave field blank if IIH Medicaid Number has not been assigned.

▪ DUNS (9-digit): _____ ▪ NJSTART (9-digit): _____

Program Type: Behavioral**► AGENCY CONTACTS**

CEO -or- Name: _____ Title: _____

EXECUTIVE DIRECTOR: Phone: _____ Fax: _____

Email: _____

Address: _____

PROGRAM: Name: _____ Title: _____

Handles all questions Phone: _____ Fax: _____

pertaining to the program. Email: _____

Address: _____

FISCAL: Name: _____ Title: _____

Handles all questions Phone: _____ Fax: _____

pertaining to Reports of Email: _____

Expenditures (ROE), audits Address: _____

and closeout reports.

BILLING: Name: _____ Title: _____

Handles all questions Phone: _____ Fax: _____

pertaining to claims and Email: _____

billing data. Address: _____

ATTACHMENT 2
 New Jersey Department of Children and Families
 Children's System of Care (CSOC)
III: Intensive In Home Behavioral
PROGRAM COMPONENT FORM

PLEASE TYPE or PRINT LEGIBLY

Agency Name: _____

Program Lead: Name: _____ Title: _____
 Phone: _____ Fax: _____
 Email: _____

Number of Staff: **Note: Copies of resumes detailing requisite education and experience for all staff providing IIH Services must be retained by agency.**

| | | | |
|-------|--|----------|----------------|
| _____ | BCBA-D: Board Certified Behavior Analyst (Doctoral Level) | \$ 46.25 | Per 15 minutes |
| _____ | BCBA: Board Certified Behavior Analyst (Master's Level) | \$ 21.25 | Per 15 minutes |
| _____ | BCaBA: Board Certified Assistant Behavior Analyst (Bachelor's Level) | \$ 18.75 | Per 15 minutes |
| _____ | Behavioral Technician (BT): Bachelor's Level + 1 year of relevant experience | \$ 11.25 | Per 15 minutes |
| _____ | Behavioral Technician (BT): HS Diploma or GED + 3 years of relevant experience | \$ 6.25 | Per 15 minutes |

Total Youth Able to Serve: _____ Ages Served: _____

Days & Hours: From: (Enter Time - Include AM/PM) To: (Enter Time - Include AM/PM)

- Sunday _____
- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Saturday _____

Counties Served:

| | | | | |
|-------------------------------------|-------------------------------------|------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Atlantic | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hunterdon | <input type="checkbox"/> Morris | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Bergen | <input type="checkbox"/> Essex | <input type="checkbox"/> Mercer | <input type="checkbox"/> Ocean | <input type="checkbox"/> Sussex |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Middlesex | <input type="checkbox"/> Passaic | <input type="checkbox"/> Union |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Hudson | <input type="checkbox"/> Monmouth | <input type="checkbox"/> Salem | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Cape May | | | | |

Bilingual Services Offered: Yes No Languages: _____

ATTACHMENT 3
New Jersey Department of Children and Families
Children's System of Care (CSOC)

IIH Behavioral

ATTESTATION

Providers 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.

By my signature below, I hereby certify that:

- I have the necessary authority to execute this agreement between my Agency and the Department of Children and Families (DCF).
- I have read, understand and will comply with all of the terms and conditions of providing the services described in this 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 Intensive in Home (IIH) Behavioral for Youth with Intellectual/Developmental Disabilities.
- I certify that I meet all of the qualifications and have provided all of the documentation required in Sections II and III 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.

| | | |
|---|------------------|-------------|
| 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 4

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

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

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

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

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

FOR COMMUNITY AGENCY HEAD 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:

WITNESS:

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

EXHIBIT A

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

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

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

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

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

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

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

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin,

ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

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

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

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

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

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

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

EXHIBIT B

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

N.J. Stat. § 10:2-1 (2012)

§ 10:2-1. Antidiscrimination provisions

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

a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;

b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;

c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and

d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

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

EXHIBIT C
CSOC Pre Award Documents
Required to Be Submitted with a Response to an IIH RFQ

Rev. 7-11-17

| ▶ CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RESPONSE: | |
|--|--|
| 1 | <input type="checkbox"/> Signed 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 , with signature under Business Associate (signed/dated) [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 |
| 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 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 Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf |
| 6 | <input type="checkbox"/> <u>For Profit:</u> Statement of Bidder/Vendor Ownership Form (PDF) (signed/dated) Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/OwnershipFinal12-14.pdf |
| 7 | <input type="checkbox"/> Subcontract/Consultant Agreements related to this RFQ - 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"/> <u>For Profit:</u> 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 |
| ▶ CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RESPONSE: (continued) | | |
| 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 |
| 16 | <input type="checkbox"/> | Chapter 271/Vendor Certification and Political Contribution Disclosure Form (signed/dated) 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 WITH THE RESPONSE AND <u>ANNUALLY</u> UPDATED THEREAFTER: | | |
| 17 | <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 |
| 18 | <input type="checkbox"/> | Tax Forms: <u>Non Profit</u> Form 990 Return of Organization Exempt from Income Tax --or-- <u>For Profit</u> Form 1120 US Corporation Income Tax Return --or-- <u>LLC</u> Applicable Tax Form and may delete or redact any SSN or personal information |
| 19 | <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 |
| 20 | <input type="checkbox"/> | Annual Report to Secretary of State Website: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml |
| 21 | <input type="checkbox"/> | Certification Regarding Debarment (signed/dated) Form: http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf |
| 22 | <input type="checkbox"/> | Professional Licenses related to job responsibilities for this RFQ - If not applicable, include a written statement |
| 23 | <input type="checkbox"/> | Proposed Organizational Chart for Services Required by this RFQ - include date created |
| 24 | <input type="checkbox"/> | IIH Agency Data Information (Attachment 1) |
| 25 | <input type="checkbox"/> | IIH Program Component Form (Attachment 2) |

EXHIBIT D
CSOC Post-Award Documents
Required to be Submitted for Contract Formation
if the Response to the IHH RFQ Results in an Award

Rev. 7-11-17

| ▶ 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"/> Standardized Board Resolution Validation (required for programs without an Annex A) (signed/dated) Form: http://www.state.nj.us/dcf/documents/contract/manuals/CPIM_p1_board.pdf |
| 4 | <input type="checkbox"/> Medicaid Provider Enrollment Application provided by CSOC (signed/dated) |
| ▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD & <u>ANNUALLY</u> 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 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 (NCPA) --and-- copy of non-expired Accountant Certification Form: http://www.nj.gov/dcf/documents/contract/forms/nlpa.doc Note: Not required for agencies expending under \$100,000 in combined Federal/State Awards. If not applicable, include a written statement. |
| 9 | <input type="checkbox"/> Equipment Inventory for items purchased with DCF Funds - If not applicable, include a written statement. Policy: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf |
| ▶ CONTRACT DOCUMENTS TO BE MAINTAINED <u>ONSITE</u> BY PROVIDER: | |
| 10 | <input type="checkbox"/> Copy of Most Recently Approved Board Minutes |
| 11 | <input type="checkbox"/> Personnel Manual and Employee Handbook (include staff job descriptions) |
| 12 | <input type="checkbox"/> Affirmative Action Policy/Plan |
| 13 | <input type="checkbox"/> Conflict of Interest Policy/Attestation http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf |
| 14 | <input type="checkbox"/> Procurement Policy http://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf |