REQUEST FOR QUALIFICATIONS

FOR

RESPITE SERVICES

For Families of Children with Intellectual/Developmental Disabilities (ID/DD)

Responses will be accepted on a rolling basis from January 28, 2014 through February 28, 2014

Questions may be sent to DCFASKRFP@dcf.state.nj.us until February 4, 2014

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

Commissioner

January 28, 2014
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Section I – General Information

A. Purpose:

The New Jersey Department of Children and Families’ (DCF) Division of Children's System of Care (CSOC), announces the availability of up to $1,000,000 annualized for the purpose of providing respite services for families of children, youth, adolescents and young adults with intellectual/developmental disabilities across the State of New Jersey.

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

B. Background:

The New Jersey Department of Children and Families is the state’s comprehensive agency dedicated to ensuring the safety, well-being and success of children, youth, families and communities. Our vision is to ensure a better today and even a greater tomorrow for every individual we serve. Within the Department, the Children's System of Care (CSOC) serves children, youth, adolescents, and young adults with emotional and/or behavioral healthcare challenges, intellectual and/or developmental disabilities, and/or in need of addiction services. CSOC is committed to providing these services based on the needs of the child and family in a family-centered, strength-based, culturally competent, and community-based environment. CSOC believes that the family or caregiver plays a central role in the health and well-being of children and involves families throughout the planning and treatment process in order to create successful life experiences for their children.

DCF is seeking to approve providers, whose qualifications are overall conforming to this RFQ, who will deliver respite services to families with children, youth, adolescents, or young adults under the age of 21 who have intellectual/developmental disabilities (ID/DD).

Respite means “break” or “relief.” Respite care services are designed to offer families the opportunity for a break from care-giving responsibilities on a temporary or emergency basis for intermittent or short periods of time.
Caring for a child with intellectual/developmental disabilities presents additional challenges that go beyond the everyday stresses of being a parent. As a result, parents and other primary caregivers may need longer rest periods or access to down time. It may also be more difficult to find a qualified person to care for the child. Respite can help offset these challenges.

A trained respite provider will care for children in their own home or outside their primary residence while their primary caregivers engage in activities they find relaxing, entertaining, or restful. A respite break allows caregivers an opportunity to strengthen or foster relationships with their other children, spouses, partners, other family members and friends. Respite can allow caregivers an opportunity to catch-up on household duties and even their own sleep.

Respite services will also allow caregivers to improve the nature of their care giving activities through attendance at trainings and educational programs that will increase their ability to become experts on handling the challenges facing their families. Full-time caregivers of children with special needs have to become expert in areas such as nursing and physiotherapy and need time to learn these skills.

By supporting primary caregivers, respite is expected to achieve several goals:

- Reduce stress and prevent family disruption
- Preserve the family unit
- Improve the family’s ability to handle daily responsibilities and increase family stability
- Prevent the need for out of home placement and keep their child living with them in their home.

Respite is not a substitute for childcare (for children up to age 12), school, or participation in other age appropriate activities. Respite is also not a substitute for services provided by a home health aide for self care needs (bathing, dressing, feeding and toileting) which in most cases is funded by health insurance.

The provider, in consultation with the families, will clearly state reasons and goals for type of respite provided in a respite service plan agreement that is to be reviewed quarterly, at a minimum, to ensure achievement of the goals.

C. Services to be Funded:

Qualified providers of respite services are expected to provide, initiate and coordinate one or more of the following four service types:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Authorized Units of Service</th>
<th>Rate Per Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In Home Respite - Self Directed</td>
<td>Up to 20 hrs per month</td>
<td>15.00 (a minimum of $10.00 of the $15.00 is</td>
</tr>
</tbody>
</table>
In Home Respite - Agency
- Up to 20 hrs per month
- 25.00

Out of home Respite - After School
- Up to 15 hrs per week / 60 hrs per month
- 14.00

Out of home Respite - Weekends
- Up to 15 hrs per week / 60 hrs per month
- 16.00

These four service types are defined as follows:

**In Home** – The provider agency must ensure that the respite worker is trained to meet the qualifications of an in home respite worker as specified in the Checklist of Qualification Requirements for the Provision of Respite Services for Families of Children with Intellectual/Developmental Disabilities.

1. **In Home Self-Directed Respite (SDR)** - Provided to families who want to recruit their respite worker of choice. The family selected respite worker is trained by the provider agency. The provider agency, after receiving notification from the CSA, will contact the family and learn of the family’s choice and need for self-directed respite in the course of developing a respite service treatment plan. The provider agency will then assure that the respite worker conforms to the requirements of the RFQ.

   The family pays the worker directly and sends the paperwork in support of reimbursement to the provider agency. The monthly documentation the family submits to the provider agency must include the number of respite service hours provided, the amount of the self-directed stipend to be reimbursed, and copies of the respite worker’s progress notes and log.

2. **In Home Respite by Agency** - Provided to families who want a respite worker in their home who is trained and employed by the qualified agency.

**Out of Home** – The provider must submit appropriate licenses for out of home settings with the RFQ, as applicable. Out of home respite can be provided in a group setting with several children or on an individual basis.

3. **Out of Home Respite After School** - Social and recreational experiences provided to children out of their homes at the end of the school day. Caregivers are responsible for providing transportation.

4. **Out of Home Respite on Weekends** - Social and recreational experiences provided to children out of their homes, sometimes including a community outing component, Saturday and/or Sunday. Caregivers are responsible for providing transportation.
The CSOC is based on the principles of family-focused, accessible, need based, clinically appropriate, and outcome-driven individualized care for children, youth, adolescents and young adults. All system partners of CSOC, through quality assurance measures, are expected to work toward ensuring that youth remain at home, in school, and out of trouble.

The Contracted System Administrator (CSA) is the CSOC’s single point of entry. The CSA facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child-serving systems. The respondent will be required to demonstrate the ability to conform with and provide services under all protocols, including documentation and timeframes, established by CSOC and managed by the CSA. If the family is approved to receive respite, the CSA will notify prospective providers of the family’s need for this service. Within 3 workdays of notification, the provider will communicate with the family to develop the respite service treatment plan, set a respite goal with the family, and determine schedule for service provision. The provider will notify the CSA when the family agrees to accept the offered service.

The CSA will send notification to both the family and the provider of the services authorized. Services will be authorized for 90 days.

To extend respite services beyond the approved number of hours or authorization period, the provider must submit a detailed request. The request must include the rationale and the number of additional hours desired. If approved, the CSA will modify the authorization and notify the families and the respite providers of the approved extension and the number of hours.

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

**Employees of the agency, as well as the self-directed respite provider chosen by the family, are required to have background checks.**

A statement is required from the Executive Director certifying that s/he and all employees rendering respite services will have state and federal background checks with fingerprinting completed now and every two years thereafter. Each agency employee providing respite services must complete the employee certification form that is provided as part of this RFQ. (Note: Because this form is for agency employees, self-directed respite workers would not complete this form). Form is attached.

The cost of the fingerprinting criminal history background check to become a qualified respite provider (agency employee and self-directed) will be paid for by the Department of Children and Families. Please call 609-888-7192 to obtain the fingerprinting form.
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 assure that the names of all agency employees, volunteers, consultants, and self-directed respite providers that provide services to children with intellectual/developmental disabilities should 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

If you are not registered to access the registry, information to do so can be found at this website.

Agencies must also comply with Danielle’s Law. http://www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html

D. Quality Assurance:

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

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

Providers of services shall maintain the following data in support of all claims:
1. The name and address of the child, youth, adolescent, or young adult being provided services;
2. The name and credentials of the person(s) providing the service;
3. The exact date(s), location(s) and time(s) of service;
4. The type of the service(s) provided; and
5. The length of face-to-face contact, excluding travel time to or from the location of the contact with the child, youth, adolescent, or young adult receiving services.
The provider shall maintain an individual service record for each child, youth, adolescent, or young adult, which shall contain, at a minimum, the following information:

a. The dates of service and number of care hours, per level of service, received;
b. The reason for initial referral and involvement;
c. The Respite Service plan, including any amendments;
d. Documentation of any and all crisis or emergency situations that occur during the provision of the services, including a summary of corrective action taken and resolution of the situation; and
e. For each discrete contact with the child/family, progress notes that address the defined goals stipulated in the child, youth, adolescent, or young adult's Respite plan must be completed.

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

E. Funding Information:

For the purpose of this initiative, the Department will make available up to $1,000,000 per state fiscal year and as funding is available.

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

DCF intends to fund services offered by providers that meet the qualifications and agree to all the terms and conditions provided by the DCF and as a Medicaid approved provider.

Respite services are reimbursed on a fee-for-service basis. Unit of service is defined as 1 hour.

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

CSOC reserves the right to terminate a provider's qualifying status at any time without notice.
Matching funds are not required. Operational start-up costs are not permitted. Proposals that demonstrate the leveraging of other financial resources are encouraged. Funds awarded under this program may not be used to supplant or duplicate existing funding.

F. Applicant Eligibility Requirements:

1. Approved NJ Medicaid providers or entities willing to become Medicaid providers of respite services are required. Any changes in provider information shall be communicated to CSOC and the DMAHS Office of Provider Enrollment. Any changes in personnel providing or supervising services shall be subject to prior approval by CSOC.
2. Applicants must be for profit or not for profit corporations that are duly registered to conduct business within the State of New Jersey.
3. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
4. Applicants may not be suspended, terminated or barred for deficiencies in performance of any award, and if applicable, all past issues must be resolved as demonstrated by written documentation.
5. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
6. Where appropriate, all applicants must hold current State licenses.
7. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
8. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
9. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at www.dnb.com
10. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFQ, may respond to be qualified.

G. RFQ Schedule

<table>
<thead>
<tr>
<th>January 28, 2014</th>
<th>Notice of Availability of Funds/RFQ publication</th>
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<tbody>
<tr>
<td>January 28, 2014 to February 4, 2014</td>
<td>Period for Email Questions sent to <a href="mailto:DCFASKRFP@dcf.state.nj.us">DCFASKRFP@dcf.state.nj.us</a></td>
</tr>
<tr>
<td>February 28, 2014</td>
<td>Deadline for Receipt of Proposals by 12:00PM</td>
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</table>
Applications received after 12:00 PM on the final day will not be considered. Applicants should submit one (1) signed original and one CD ROM, including a signed cover letter of transmittal as indicated below.

Applications must be delivered either:

1) In person to:
Catherine Schafer, Director of Grants Management, Auditing and Records
Department of Children and Families
50 East. State Street, 3rd Floor
Trenton, New Jersey 08625

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

2) Commercial Carrier (hand delivery, federal express or UPS) to:
Catherine Schafer, Director of Grants Management, Auditing and Records
Department of Children and Families
50 East. State Street, 3rd Floor
Trenton, New Jersey 08625

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

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

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

H. Administration

1. Screening for Eligibility, Conformity and Completeness

DCF will screen applications for conformity with the qualifications and 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 on or after the stated due date;
b. The application is signed, dated and authorized by the applicant’s Chief Executive Officer or equivalent;
c. The Checklist of Qualification Requirements for the Provision of Respite Services for Families of Children with Intellectual/Developmental Disabilities is signed and dated by each applicant;
d. The application is complete in its entirety, including all required Appendices; and

e. The application conforms to the specifications set forth in the RFQ.

Upon completion of the initial screening, applications meeting the requirements of the RFQ will be distributed to the Evaluation Committee for its review and recommendations. Failure to meet the criteria outlined above, or the submission of incomplete or non-responsive applications, constitutes grounds for immediate rejection of the application.

2. Application Review Process

The Department also reserves the right to reject any and all applications when circumstances indicate that it is in its best interest to do so.

The Department’s best interests in this context include, but are not limited to: State loss of funding for the service; the inability of the applicant to provide adequate services; the applicant’s lack of good standing with the Department, and any indication, including any indication of misrepresentation of information and/or non-compliance with State of New Jersey contracts, policies and procedures, or State and/or Federal laws and regulations.

All applicants will be notified of the Department’s intent to qualify the provider.

3. Special Requirements

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

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

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

I. Appeals
An appeal of the selection process will be heard only if it is alleged that the Department has violated a statutory or regulatory provision in refusing to qualify a provider. An appeal will not be heard based upon a challenge to the evaluation of a provider’s qualifications. Applicants may appeal by submitting a written request, no later than five (5) calendar days following receipt of the notification or by the deadline posted in this announcement, to:

Office of Legal Affairs  
Contract Appeals  
50 East State Street 4th Floor  
Trenton NJ 08625

J. Post Qualification Requirements

Qualified applicants will be required to comply with all applicable State and Federal laws and statutes, assurances, certifications and regulations regarding funding. If a qualified provider is found incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the notice of qualification may be rescinded at any time.

Applicants found qualified to provide services will need to make available, upon request and as applicable, the following:

- Proof of Insurance naming the Department of Children and Families as an additional insured;
- Board Resolution Validation, if applicable;
- Current agency by-laws;
- Copy of lease or mortgage if applicable;
- Certificate of Incorporation, if applicable;
- Conflict of Interest policy;
- Affirmative Action policy and certificate;
- A copy of all applicable professional licenses/certifications;
- Current single audit report;
- Current IRS Form 990;
- Copy of the agency’s annual report to the Secretary of State;
- Applicants are advised that any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology.
- Applicants are also advised that any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

Section II - Application Instructions

A. Review Criteria:
Applicants are required to check all applicable boxes within the Checklist of Qualification Requirements for the Provision of Respite Services for Families of Children with Intellectual/Developmental Disabilities and provide supporting appendices. Do not exceed the allotted amount of space within the checklist by affixing additional pages because these additional page(s) will not be considered.

**B. Requests for Information and Clarification:**

DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures through a time-limited electronic Question and Answer Period. Answers will be posted on the website at: http://www.state.nj.us/dcf/providers/notices/

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

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

Written questions must be directly tied to the RFQ. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFQ. Each question should begin by referencing the RFQ page number and section number to which it relates.

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

**C. Qualification Documents**

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:

- Application cover sheet
  - Use the standard form available at: www.nj.gov/dcf/providers/notices/
  - Forms for RFPs found directly under the Notices section.
- Table of Contents
  - Each submitted document must be labeled and indexed in this table.
- Check List of Qualification Requirements
This completed checklist is confirmation that you are able to meet the requisite credentials and able to provide services consistent with the scope of services delineated in the RFQ.

Appendices of Supporting Documentation (page -22)
Applicants must append documentation in support of their qualifications.

Please review Exhibits
APPENDICIES TO BE SIGNED
CHECK LIST OF QUALIFICATION REQUIREMENTS FOR THE
PROVISION OF RESPITE SERVICES FOR FAMILIES OF
CHILDREN WITH INTELLECTUAL/DEVELOPMENTAL
DISABILITIES

a) Providers are required to check all of the following boxes to confirm their
compliance with each of the following qualification requirements. To be qualified to
provide services under this RFQ, a provider agency shall:

Comply with background checks - All employees rendering direct services to youth where
CSOC is providing financial support, will have state and federal background checks with
fingerprinting completed now and every two years thereafter. Each agency employee providing
services must complete the employee certification form that is provided as part of this RFQ. The
cost of the fingerprinting criminal history background check to become a qualified respite
provider will be paid for by the Department of Children and Families. Please call 609-888-7192
to obtain the fingerprinting form upon becoming qualified.

Comply with N.J.S.A. 30:6D-73 et seq. Central Registry of Offenders Against Individuals with
Developmental Disabilities. Agencies must assure that the names of all agency employees,
volunteers, and consultants that provide services to children with intellectual/developmental
disabilities should 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

If you are not registered to access the registry, information to do so can be found at this website.

Comply with Danielle’s Law
http://www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html

Willing to become a Medicaid provider

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.

Identify and report child abuse and neglect. (Any incident that includes an allegation of child
abuse and/or neglect must be immediately reported to the Division of Child Protection and
Permanency (DCP&P) at 1-800-NJ ABUSE in compliance with N.J.S.A. 9:6-8.10.)

Complete a report for all respite related accidents, incidents, or unusual occurrences involving
staff and/or families to send to CSOC.

Maintain a written program description that specifies its statement of purpose and description
of overall approach to service delivery and family involvement.
Adhere to the requirements of HIPAA;

Protect the confidentiality of the families served;

Inform families at intake of:
- the mandated reporting responsibilities of agency staff/respite workers;
- the grievance procedure established by the agency;
- their access to records upon request and within statutory authority

Maintain confidential records for each child receiving services from every respite worker, whether hired by the provider agency or recruited by the family under a self-directed program, including:
- documentation that family members have been informed of their rights and the agencies policies and obligations;
- the initial respite schedule and respite service plan;
- contact phone numbers for the respite worker and the supervisor;
- information on the child’s behavior from the parents, child’s interests and any limitation on activities.
- Progress notes with a brief description of each service visit and the respite workers log of the youth’s behaviors and activities as well as any concerns or particular successes.

Acknowledge their responsibility for the safety and welfare of the children served by developing the means to ensure that every respite worker, whether hired by the provider agency or recruited by the family under a self-directed program, will:
- pass a criminal background check;
- be over 18 years of age;
- have an operating automobile, a valid driver’s license, and insurance;
- attend and participate in all required trainings;
- submit a progress note for each service visit
- maintain a log of the youth’s behaviors and activities;
- obtain permission from the caregiver for all activities;
- pass TB test;
- follow NJ’s Mandated Reporting Laws;

Promote the improvement of the quality of services provided by training every respite worker, whether hired by the provider agency or recruited by the family under a self-directed program, concerning:
- Agency policies
- Child and adolescent development
- Cultural competency
- CPR and First Aid
- Recognition and reporting of child abuse and neglect
- Infectious disease control
- Interpersonal communication and effective listening
- Limit setting and boundaries
Conflict resolution
Impulse control and anger management

Be available via phone to every respite worker, whether hired by the provider agency or recruited by the family, to address urgent policy and procedure issues and/or provide support.

Comport with the program, administrative and fiscal procedures that result in the timely provision of appropriate services, accurate invoicing, and correct payments by:

- informing the CSA of the reason for delay if services have not been provided within 30 days.
- contacting the family within 3 workdays of receiving notification from the CSA;
- developing with the family a respite service treatment plan:
  - establishing respite goals with the family; and
  - determining a schedule for service provision that is aligned with the goals.
- submitting a detailed request for any extensions at least 10 days before the expiration of the extant 90 day authorization that includes the rationale and the number of additional hours desired.
- submitting invoices within 30 days of the date of service delivery that specify the children served and the number of hours of service

Discharge families from respite when appropriate to allow other families the use of this scarce resource by sending a notification to the CSA with the date services ended when:
- the family is not available to receive, or no longer desires, respite services
- the allotted respite hours have been used
- the child has been placed outside of the home
- respite services are no longer considered appropriate, e.g. health or safety

Conduct periodic consumer satisfaction surveys by mail, by telephone, etc., with a benchmark of a 30% response rate, and send the answers to CSOC.

b) If you checked all of the boxes above, please additionally check only the boxes that apply below:

Do you offer bilingual services?
- Yes (specify languages spoken);
- No

Which of the four types of respite services will your agency provide?
- In Home Self-Directed Respite (SDR)
- In Home Respite by Agency
- Out of Home Respite After School
- Out of Home Respite on Weekends
What are the ages of the children you will serve?

☐ 0-1 yr. old  ☐ 8 yrs old  ☐ 15 yrs old
☐ 2 yrs. old   ☐ 9 yrs old  ☐ 16 yrs old
☐ 3 yrs. old   ☐ 10 yrs old ☐ 17 yrs old
☐ 4 yrs. old   ☐ 11 yrs old ☐ 18 yrs old
☐ 5 yrs. old   ☐ 12 yrs old ☐ 19 yrs old
☐ 6 yrs. old   ☐ 13 yrs old ☐ 20 yrs old
☐ 7 yrs. old   ☐ 14 yrs old

Please explain any restrictions on the children you will serve?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Indicate the counties where services will be provided.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Indicate the hours and days that services will be available.

<table>
<thead>
<tr>
<th>Days</th>
<th>Hours</th>
</tr>
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<tbody>
<tr>
<td>☐ Monday</td>
<td></td>
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<tr>
<td>☐ Tuesday</td>
<td></td>
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<td>☐ Wednesday</td>
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<td>☐ Sunday</td>
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By my signature below, I hereby certify that:

I have all necessary authority to execute agreement between my Agency and the Department of Children and Families (DCF). I have read, understand and comply with all of the above requirements as a condition of providing services described in this RFQ. Failure to abide by the terms of this attestation is a basis for DCF’s withdrawal of my qualification to provide these services.

____________________________________  ________________________
Name, Individual                      Date

____________________________________  ________________________
Name, CEO or Equivalent                Date
COMMUNITY AGENCY HEAD AND EMPLOYEE CERTIFICATION, PERMISSION FOR BACKGROUND CHECK AND RELEASE OF INFORMATION

I hereby authorize the Department of Children and Families to conduct 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.

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 _______________. (date)

If I have checked Option 2 or the criminal history background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment.

FOR PROVISIONAL EMPLOYEES ONLY: As a provisional employee, I further understand that I may be employed by the agency for a period not to exceed six 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: I understand the results of this background check will be reported to the President of the Board of my agency.

PLEASE LIST THE NAME AND HOME OR BUSINESS ADDRESS OF THE BOARD PRESIDENT.

________________________________________
________________________________________
________________________________________

Employee Name (please print)  Employee (Signature Date)

Witnessed by (please print)  Witness (Signature Date)
APPENDICES OF SUPPORTING DOCUMENTATION TO BE PROVIDED IN THE FOLLOWING ORDER

1. Statement indicating that provider is willing to become an approved Medicaid provider for this service
2. Organizational chart for the proposed program operation.
3. Copy of agency Code of Ethics and/or Conflict of Interest policy, if applicant is a Corporation.
4. Affiliation Agreements, if any.
5. Statement of Assurances*
6. Certification regarding Debarment*
7. All required Certification and Disclosure Forms in accordance with PL 2005, c.51 (“Chapter 51”) and Executive Order 117 (2008), if appropriate.**
   Note: non-profit entities are exempt from Chapter 51 disclosure requirements.
8. Copy of IRS Determination Letter regarding applicant’s charitable contribution or non-profit status (if appropriate) if a non-profit agency.
9. Copies of all applicable licenses/organization’s licensure status/professional licenses, along with academic credentials and certifications.
10. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at http://www.dnb.com
11. If applicable, proof that the individual/agency applying is an enrolled or approved private insurance provider.
12. Current liability insurance declaration page (Note: This declaration page is the only acceptable submission. Letters stating that insurance has been applied for will not suffice.).
13. If applicable, current malpractice insurance certificate. Note: This certificate is the only acceptable submission. Letters stating that insurance has been applied for will not suffice.
15. Copy of Certification of Employee Information AA302 form.
16. P.L. 2005, Chapter 51 and 271 signed and dated (for-profit organizations only); and Completed Standardized Board of Resolution form and signed and dated Certification of Compliance with Executive Order No. 117.
17. Two written professional references on behalf of the applying individual/agency specific to the provision of services under this RFQ (references from New Jersey State employees are prohibited):
   One should come from an individual or organization whose mission is serving people with intellectual/developmental disabilities. Please include telephone numbers and e-mail for all references so they may be contacted directly.
18. If you or your agency provides services in another state, you must provide a letter from the state agency involved (e.g., an award letter), along with a copy of your license and or certification, if applicable.
* Use the standard form available at: www.nj.gov/dcf/providers/notices/ Forms for RFPs.

** Chapter 51 forms are available on the Department of the Treasury website at: http://www.state.nj.us/treasury/purchase/ (Note: non-profit entities are exempt from Chapter 51 disclosure requirements.). Click on Vendor Information and then on Forms.
EXHIBIT A
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
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 AA.302 (electronically provided by the Division and distributed to the public agency through the Division’s website at www.state.nj.us/treasury/contract compliance).

The contractor and its subcontractors shall furnish such reports or other documents to 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 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.
§ 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.).

**HISTORY:** Amended 1945, c. 171, § 1; 1962, c. 213, § 1; 1970, c. 80, § 7; 1985, c. 490, § 9; 1988, c. 37, § 8; 1991, c. 519, § 10; 2006, c. 100, § 1, eff. June 17, 2007.

**NOTES:**

Amendment Note:
2006 amendment, by Chapter 100, inserted "gender identity or expression" in a. and b.

Effective Dates:
Section 16 of L. 2006, c. 100 provides: "This act shall take effect on the 180th day following enactment." Chapter 100, L. 2006, was approved on Dec. 19, 2006.

Cross References:
Complaint of violation; decision of attorney general final, see 10:2-2.
Rules and regulations; notice of complaint and hearing, see 10:2-3.
Notice of decision; fixing penalty, see 10:2-4.
Definitions, see 10:5-31.

Administrative Code:


12. N.J.A.C. 10:3-1.2 (2012), CHAPTER CONTRACT ADMINISTRATION, Causes for debarment of a person.


14. N.J.A.C. 12A:4-12.3 (2012), CHAPTER POLICY AND PROCEDURE FOR CONTRACTS AND AGREEMENTS FOR THE PURCHASE OF GOODS AND SERVICES, Causes for debarment of a person(s).

15. N.J.A.C. 14:31-1.5 (2012), CHAPTER GRANT AND LOAN PROGRAMS, Submission requirements.


17. N.J.A.C. 16:72-4.1 (2012), CHAPTER NEW JERSEY TRANSIT PROCUREMENT POLICIES AND PROCEDURES, Causes for debarment of a person(s).

18. N.J.A.C. 17:12-6.3 (2012), CHAPTER DIVISION OF PURCHASE AND PROPERTY: PROCUREMENT BUREAU; CONTRACT COMPLIANCE AND AUDIT UNIT; AND DISTRIBUTION SUPPORT SERVICES UNIT, Causes for debarment of a person(s).

19. N.J.A.C. 17:19-4.1 (2012), CHAPTER CLASSIFICATION AND PREQUALIFICATION OF FIRMS, Causes for debarment of a firm(s) or an individual(s).


LexisNexis (R) Notes:

CASE NOTES
