

REQUEST FOR INFORMATION

CONTRACTED SYSTEM ADMINISTRATOR FOR NEW JERSEY'S DIVISION CHILDREN'S SYSTEM OF CARE

Purpose

The New Jersey Division of Purchase and Property (DPP), on behalf of the Department of Children and Families, Division of Children's System of Care, is seeking information to ascertain whether the draft Scope of Work for the planned procurement of the Contracted System Administrator for the Children's System of Care term contract (T1932) provides a clear statement of services required. DPP also welcomes responses from interested and relevant parties that include suggestions how the Scope of Work in Exhibit 1 may be improved.

Background

The Contracted System Administrator for the Children's System of Care (CSA) performs a wide range of functions essential to organizing, operating and monitoring a single comprehensive and integrated system of care. These include providing and maintaining critical information on youths' needs, service use, pharmacological use, community support functioning, and coordination with providers and ensuing outcomes. Through its management of the MIS, related support, and quality assurance functions, the CSA oversees and promotes best practices and assists the State in assuring the system's compliance with State and federal guidelines. The CSA will function as a proactive, creative, and flexible agent of change.

The current MIS is a web-based platform that allows users real time access to information about the electronic medical records of youth enrolled in the CSOC, as well as, all service information from providers and a feature for tracking out-of-home treatment programs. The current CSA's MIS is housed on Hewlett-Packard servers and utilizes a structured query language- (SQL) database. As of December 31, 2013, the system supported approximately 228,505 case files, with an average of 2,086 new recipients added each month.

The current contract may be accessed at:

http://www.state.nj.us/treasury/purchase/oa/contracts/t1932_09-x-20037.shtml

The draft Scope of Work can be found in Exhibit 1 and further background information can be found in Exhibit 2.

Required Information

Vendors replying to the RFI should list the firm's name, location and experience in the subject area. Provide references and any other information relevant to the services that are the subject of this RFI.

In accordance with the provisions of this Request for Information, you are requested to provide written responses to the following:

1. To what extent, and in what areas, could Exhibit 1 be modified to eliminate redundancies or ambiguities and/or to allow for a successful transition?
2. To what extent, and in what areas, could Exhibit 1 be modified to improve clarity?
3. Are there any new or alternative service delivery models for these services that could improve delivery of services and reduce cost to the State?

Please note:

Responders agree that all documents are subject to public disclosure. A responder may designate specific information as not subject to disclosure pursuant to the exceptions to the Open Public Records Act (OPRA) found at N.J.S.A. 47:1A-1.1 for the common law Right to Know, when the responder has a good faith legal or factual basis for such assertion. The State reserves the right to make the determination as to what is proprietary or confidential, and will advise the responder accordingly. The location in the response of any such designation should be clearly stated in a cover letter. The State will not honor any attempt by a responder to designate its entire response as proprietary, confidential and/or to claim copyright protection for its entire response. In the event of a challenge to the respondent's assertion of confidentiality with which the State does not concur, the responder shall be notified and shall be solely responsible for defending its designation.

These responses shall become the property of the State once submitted.

RFI Responses

Please email responses to Angela Breland-Jackson at the following email address:

Angela.Breland-Jackson@treas.nj.gov

Responses are requested by December 15, 2014 at 10:00 a.m.

Exhibit 1

3.0 SCOPE OF WORK

3.1 OVERVIEW

The CSOC business includes the following components and functions. Details on each area can be found in Section 3.1 through 3.22 of the RFP.

- a. Administrative Requirements
 1. Facility Operations;
 2. Personnel: Specialized Staff, Supervisors, Project Managers, Technical Support;
 3. Staff, and Administrative;
 4. Management Information Systems (MIS);
 5. Training;
 6. Establishing Medical Eligibility;
 7. Third Party Liability;
 8. Fiscal Requirements and Accountability; and
 9. Quality and Outcomes Management Systems Measurement Program.
- b. Management of Care
 1. Service for Developmental Disabilities;
 2. Service for DCF Adolescent Housing;
 3. Service for Behavioral Health;
 4. Services for Youth Involved with the DCP&P;
 5. Utilization Management;
 6. Outlier Management;
 7. Care Coordination:
 - i. Service Authorizations
 - ii. Information Technology Requirements for Service
 - iii. Authorizations
 - iv. Treatment Plans/Assessments
 - v. Complaints, Reconsiderations and Appeals

- vi. Provider Network Development
- 8. Coordination Medical Coverage - Including 3565 Medicaid Program.
- c. Customer Service and Call Center
 - 1. 24/7 by 365 Call Center;
 - 2. Call Center Procedures and Training;
 - 3. Call Center Information Technology;
 - 4. Staffing;
 - 5. Customer Service Function;
 - 6. Call Center and Customer Service Performance Standards;
 - 7. Customer Service Help Desk;
 - 8. Website;
 - 9. Member Information;
 - 10. Member Handbook;
 - 11. Written Notices;
 - 12. Communications with Family Members; and
 - 13. Information Dissemination.
- d. Support for Network Development.

3.1.2 SERVICE DELIVERY SYSTEM

- a. Expectations of service delivery system includes the following:
 - 1. Single-point of entry for a wide range of needs;
 - 2. Child-centered and family-driven system of care;
 - 3. The implementation of a comprehensive, common electronic medical record and database file, with interoperability
 - 4. "Real Time" electronic records;
 - 5. Coordination with other system partners such as child welfare and juvenile justice;
 - 6. Geo-mapping (must be real-time);
 - 7. The ability to collect and report data from a common system to provide system-wide as well as youth-specific information.

8. It also provides the ability to manage the Children's System of Care including utilization management, outcome identification, best practices and general systems information;
 9. Effective triage process with access to Mobile Response 24/7;
 10. Integrated behavioral health, intellectual/developmental disability, and substance use treatment service delivery system;
 11. Reporting capability at the system, agency, and youth levels;
 12. Uniform assessments;
 13. Wraparound Values and Principles;
 14. Many clear and documented business rules for operations; and
 15. Flexibility and responsiveness.
- b. Continuous Improvement of Outcomes through the most efficient and effective delivery of services, including:
1. Timely access to specialized services including, but not limited to, youth that are transitioning into adulthood;
 2. Innovative and creative solutions to emerging challenges as the CSOC continues to expand and develop;
 3. A fully assimilated service management system that manages the behavioral health, substance use, and services for youth with intellectual/developmental disabilities
 4. CSA staff presence and participation at community and statewide meetings;
 5. Clinically appropriate matching of youth to services, at the least restrictive setting, in home, and in their community, whenever possible;
- c. Use of Technology that takes advantage of advances in information technology to maintain or enhance the medical record and the database of the MIS to secure and ensure the following system capabilities:
1. A user friendly MIS with enhanced capabilities and that which is easily scalable to adjust to CSOC's needs;
 2. MIS with functionality to provide feedback to users;
 3. MIS that allows the user to produce internal reports for their use;
 4. Dynamic filtering and aggregation of data;
 5. Continuous quality improvement, inclusive of maintaining data integrity efforts and routinized update of processes;
 6. Quality training on the functionality of the MIS;

7. System flexibility to meet changes in regulations, business processes, and management direction within projected timeframes;
 8. Compatibility with multiple operating systems;
 9. An ability to upload documents into the CSA MIS;
 10. MIS that can interface/communicate with other MIS systems operated by the State at present and in the future;
 11. MIS that can be accessed by over 20,000 users;
 12. Comprehensive reporting capabilities that will allow, among other outcomes, the ability of the system to monitor service delivery effectiveness, best practices by providers, comparison reporting across systems, quality assurance and utilization management; Outcomes management tool built around graphical displays of Strengths and Needs Assessment data;
 13. Interoperability with the external electronic medical records of service providers in order to share data;
 14. MIS that is based on user role security whereas users are only allowed access to information necessary to complete their duties and work functions; and
 15. MIS must be supported by contractor staff such that any new functionality and DCF/CSOC modifications of the baseline application are provided to users within 90 days of the DCF/CSOC advising the contractor of the need for the new functionality or modification.
- c) Assurance that the following guiding principles must be followed as the foundation for the CSOC service delivery model and the interpretation of the CSA's contractual responsibilities:
1. The right services shall be provided at the right time and in the right integrated service plan supporting the use of evidence supported, evidence informed, and evidence based practice;
 2. The delivered service must be child-centered, strength-based, and family-focused with the strengths and needs of the child, youth, or young adult and his or her family/caregivers defining the services received and the level of service coordination;
 3. The delivered service must be individualized using an integrated wraparound System of Care that incorporates both formal and informal services and supports;
 4. The delivered service must be community-based, coupled with management and decision-making responsibilities residing at the community level;
 5. The delivered service must be culturally competent, with agencies, programs and services that are responsive to and reflective of the cultural, racial, and ethnic diversity of the populations they serve;
 6. The delivered service must support the provision of services in the least restrictive setting to support the youth in remaining at home, in school, and in their community;

7. The delivered service must be collaborative across the child-serving systems, involving mental health, substance use, child protection, juvenile justice and other system partners who are responsible for providing services and supports to the target population;
8. An MIS function that supports the evolving DCF/CSOC;
9. DCF/CSOC needs to maximize federal matching funds used to serve the population;
10. All children, youth, and young adults that need services should receive equal accessibility to services;
11. There should be uniformity of quality service delivery whose outcomes are quantifiable; and
12. The CSA must support:
 - i. Utilization Management;
 - ii. Outlier Management;
 - iii. Care Coordination;
 - iv. Quality Management;
 - v. Medicaid Waiver Components Program Management;
 - vi. Coordination, Communication, and Data Sharing with the NJ FamilyCare (Medicaid) Managed Care Organizations;
 - vii. Developmentally Disabled Eligibility Management;
 - viii. Developmentally Disabled Family Support Program Management; and
 - ix. DCF Adolescent Housing Hub Management.

Section 3 of the RFP presents contractor requirements for these services.

The CSA is also responsible for the coordination with DCF and State initiatives that support service delivery to the target populations such as the DCF Case Practice Model, Comprehensive Medicaid Waiver, Care Management Organization Practice Model, and all other future initiatives designed to continually improve the DCF/CSOC.

3.2 ADMINISTRATIVE REQUIREMENTS

To ensure the effective program operations, coordination, and communication and to foster face to face interaction between the contractor, DCF/CSOC personnel and providers, the contractor shall ensure adherence to the following requirements:

- a. Physical location of the contractor office shall be within the state and within a ten (10) mile radius of the DCF Division of DCF/CSOC Central Office at 50 East State Street, Trenton, NJ 08625 and possess sufficient meeting space and support for call-in access;

- b. Contractor personnel shall not conduct any business on the premises of the contractor office other than activities pursuant to this contract, except upon written approval of the State Contract Manager;
- c. Possess sufficient storage for both electronic and hard copy documentation at the contractor's New Jersey office coordinate and come to an agreement with the contractor on retention and archiving of case records in accordance with State policies (See Section 1.2.7 - Description of Current CSA MIS for size of MIS and current caseload information);
- d. Call Center functions, including on site and after hour coverage, must be performed at a location in New Jersey. DCF/CSOC shall own the rights to the Call Center telephone number. (Section 3.10 of the RFP specifies contractor requirements for the provision of the Call Center);
- e. The contractor shall provide an on-site private space equivalent to one office equipped with a computer, phone, internet access, and ability to access the contractor system, Medicaid and (and its fiscal agent) systems, and DCF systems for use by two to three State employees.
- f. The contractor shall provide priority access for DCF/CSOC staff to directly contact contractor management with a phone number that is toher than the Call Center main phone number (or other designated system),
- g. Contractor shall make available to the State all new features and/or functionalities available to their other clients as part of the bid proposal (no additional costs to the State);
- h. Contractor is expected to provide dynamic solutions and innovations during the course of the contract;
- i. In order to achieve a successful operation, the contractor staff must establish and maintain positive and effective communication, and a cooperative, flexible working relationship with DCF;particularly CSOC and DCP&P staff, as well as with provider agencies;
- j. The contractor shall submit quarterly management reports in a form prescribed by DCF/CSOC that shall be reviewed by a Committee established by DCF/CSOC. The Committee shall be comprised of, but not limited to, DCF/CSOC, service providers, family/caregivers, advocates;
- k. All plans, procedures, materials, and manuals identified in the RFP and the resulting contract are required deliverables under the contract. The contractor shall create any such plan, procedure, materials, or manual within the time frame specified in this contract. All such plans, procedures, materials, or manuals are subject to the approval of DCF/CSOC (Note: All documents, materials and manuals that need approval shall be submitted to the State Contract Manager (SCM) or designee. The SCM will transmit the documents to the appropriate DCF/CSOC offices and persons for review and approval and all approval, rejections, or comments on the documents shall flow back to the contractor through the SCM.) This shall be the process whenever this contract states that an approval is needed from DCF/CSOC. Once approved, the contractor shall perform each identified task in each plan in accordance with the plan. The contractor

shall also perform those tasks in accordance with the time frame designed by DCF/CSOC. All decisions charged to DCF/CSOC throughout the RFP and the resulting contract shall be made by DCF/CSOC at its sole discretion;

- l. The contractor shall designate a Project Manager (PM) who shall serve as a point of contact for CSOC and DCP&P on all operational issues throughout the life of the contract. The PM must be physically located at the contractor's New Jersey's office;
- m. The contractor shall participate in any operational meetings required by the State, including meetings with other State agencies;
- n. Operational meetings shall be conducted with the contractor and DCF/CSOC, at a minimum weekly or more frequently as deemed necessary by DCF/CSOC throughout the life of the contract;
- o. The contractor shall ensure that all existing and new reports are accessible at all times in an identified electronic location for review.
- p. The contractor shall provide advisory services that are necessary to accommodate any new State or Federal law or regulation. This may include the development of reports and plans for new work related to new State or Federal laws or regulations including proposals to perform the new work. The addition of new work to the contract shall be added as a contract amendment in accordance with Section 5.16. Prior to the performance of additional work, the contractor shall describe its approach and obtain State approval for a work plan and documentation for any program and/or system changes in accordance with Section 5.16;
- q. The contractor shall not independently distribute, sell, or publish any data, findings, results, etc. without prior written approval by DCF/CSOC; and,
- r. Deliverables - A number of implementation and operational deliverables and milestones have been identified throughout the scope of work. All deliverables, timeframes, and critical milestones must be approved by DCF/CSOC and all such deliverables are incorporated herein as contractual requirements that the contractor shall complete.

Any plan, strategy, or other document required to be prepared by this RFP shall be subject to review and approval by DCF/CSOC, both as to the timing and manner of performance of the tasks therein and to the substantive tasks to be performed themselves. DCF/CSOC shall retain full and sole discretion to approve or reject such plan, strategies, or other documents. Once any such plan, strategy, or other document has been approved, the contractor shall be contractually bound to perform work in accordance with it.

3.3 PERSONNEL SECTION

The contractor shall provide and update a Human Resources and Staffing Plan that details how it will maintain the guaranteed minimum staffing levels as included in the contractor's proposal. This Plan shall include, but not be limited to, call center and customer service staff, clinical director, medical director, clinically licensed professionals, and contractor staff dedicated to perform management of care functions for DCP&P and Quality and Outcomes Management staff (additional staffing requirements are outlined in the operational areas of the RFP).

The contractor shall ensure that its licensed professionals hold active licenses and certifications in the respective areas of expertise, e.g., LCSW, LPC, PhD in psychology, LMFT for behavioral health staff, LCADC, CADC for substance use staff, and BCBA for Applied Behavioral Analysis staff.

All personnel necessary to carry out the terms, conditions, and obligations of this contract are the responsibility of the contractor. The contractor shall recruit, hire, train, supervise such professional, para-professional and support personnel. The contractor shall also terminate such personnel as deemed necessary.

The contractor's employees shall sign and comply with security agreements for access to the statewide computer systems and data.

The contractor shall collect, maintain, and have ready for report the outside employment activities of all employees. Collection shall be done upon hiring and be repeated on an annual basis. The report shall include the employees' names, outside employer information, and a short job description.

All employees must be instructed on the need for confidentiality including both HIPAA and 42-CFR Part 2. Each employee must sign and comply with the confidentiality statement provided by DCF. The contractor's employee training program must include instruction on confidentiality and the penalties for failing to comply with confidentiality agreement requirements. The contractor shall hold the State and DCF/CSOC harmless for any liabilities that arise out of a breach of confidentiality on the part of the contractor's employees.

The contractor shall maintain adequate IT staff to ensure timely ongoing enhancements and maintenance of the MIS system.

The contractor shall strive to maintain a diverse staff reflective of New Jersey's diverse populations.

The State must be notified within 48 hours of any major staffing changes during transition as well as during the life of the contract. No changes in senior management or supervisory staff shall be made without prior consultation with the State.

3.4 REFERENCES

If the contractor seeks references for other contracts or business, such references shall only be requested from the CSOC Director as stated in Section 4.4.5 of the RFP.

3.5 TRAINING

The contractor shall develop a Training and Orientation Plan that describes how the contractor will implement a comprehensive training and support program for providers, stakeholders, and State staff and others as deemed necessary by DCF/CSOC to gain a clear understanding of the contractor operations and its MIS system in order to support successful interaction with the contractor. This Training and Orientation Plan must be updated as new components are integrated into CSA services. Training content would be related to process, clinical, and/or functionality. The target audience for trainings will include contractor staff, State employees, providers, families, and advocates. The contractor shall hire an adequate number of training staff to accommodate the training needs.

The contractor shall work with, at a minimum, three (3) family advocacy groups in NJ, in addition to the DCF/CSOC contracted FSOs, to develop training for all contractor staff regarding interacting with families and community resources.

The contractor shall thoroughly train its staff on all aspects of the contractor operations and available services, and shall provide continuous staff development and training. All training curricula must be consistent in all aspects with the principles discussed throughout this RFP, and are subject to review and approval of DCF/CSOC prior to commencement of contractor staff training.

The contractor shall maintain and provide to DCF/CSOC, a complete set of user and technical manuals, procedure manuals, web-based training and orientation software, CBT (computer based tutorials/trainings), CDs and any updates, for the contractor operations, database, and systems. These materials shall be made available to DCF/CSOC at all times.

The contractor shall maintain procedural and training manuals in a current and updated manner(annually minimum) so that as staff turnover occurs, new staff can be expeditiously effective within their job function. Any significant changes in contractor policies must be approved by the SCM prior to implementation of changes.

The contractor shall develop operational procedures, manuals, forms, and reports necessary for the smooth operation of the Telephone Call Center. All such materials are subject to the review and approval of DCF/CSOC.

DCF/CSOC encourages the use of cost effective training modalities such as web-based training, online references and distance learning, wherever such modalities are appropriate and cost effective, as determined by DCF/CSOC.

ALL TRAINING SHALL BE AT THE CONTRACTORS EXPENSE. THE STATE WILL NOT PROVIDE ADDITIONAL FUNDING FOR SAID TRAINING OUTLINED IN THIS RFP.

3.6 ESTABLISHING MEDICAL ELIGIBILITY – IDENTIFYING HEALTH INSURANCE

Assist in establishing eligibility for medical coverage by developing and providing an Establishing Medical Eligibility Plan; detailing how the contractor will establish medical coverage for the youth and his or her family/caregivers. This shall be provided to the SCM thirty (30) days after contract effective date for prior approval. At a minimum, the contractor shall:

- a. Obtain all information regarding private insurance coverage available to a child, youth, young adult and his or her family/caregivers. The contractor shall document and maintain an updated record of medical coverage eligibility for youth, and their family/caregivers requesting services;
- b. Ascertain if a youth has eligibility for any State, federal, or private medical coverage and make appropriate referrals;
- c. Ensure provision of system capability within the contractor's MIS for completion of CSOC Only NJ FamilyCare (Medicaid) (also known as "3560 NJ FamilyCare (Medicaid) Coverage"). Review and approve/deny applications for CSOC NJ FamilyCare (Medicaid). Provide data to Medicaid NJ FamilyCare (Medicaid) and Medicaid Inspector General's (MIG) office (for transmission of Third Party Liability (TPL) information). The contractor shall help educate families on the CSOC Only Medicaid process;
- d. Provide the family/caregivers with information on eligibility for available assistance and assist the family/caregivers in applying for assistance in cases where medical coverage is pending or does not exist. The contractor shall be knowledgeable of all medical programs available to the targeted population, including but not limited to the following:
 1. NJ Family Care(Medicaid);
 2. NJ FamilyCare (Medicaid) Needy;
 3. NJ FamilyCare (Medicaid) Special Eligibility;
 4. NJ KidCare;
 5. NJ FamilyCare;
 6. Chafee Aid;
 7. Charity Care; and
 8. Other governmental programs that may become available to the target population;
and
- e. Develop a process with DCF/CSOC, the NJ Single State Medicaid Agency, Division of Medical Assistance and Health Services, and its Fiscal Agent to coordinate benefits and collect information on private pay insurance coverage for coordination of care.

The contractor shall have a general resource directory of the most common health insurance coverage. The contractor shall advise families how to access benefits that may be available under their private health insurance coverage. In addition, the contractor shall advise families of their rights to appeal negative coverage decisions made by the family's private insurance carrier. Finally, the contractor shall assist families in negotiating the conversion of benefits within their private health insurance coverage.

Certain community-based organizations such as but not limited to CMO and MRSS, may assist families in establishing eligibility for medical coverage. The SCM will provide the contractor with information on community-based organizations so referrals can be expedited. In addition, the contractor shall provide available eligibility information to family/caregivers and track referrals to organizations.

3.7 ELIGIBILITY MANAGEMENT RESPONSIBILITIES FOR "CSOC ONLY NJ FAMILYCARE (MEDICAID)" YOUTH (ALSO KNOWN AS "3560 NJ FAMILYCARE (MEDICAID) COVERAGE")

In addition to assisting DCF/CSOC in managing access to Medicaid/NJ Family Care coverage for health care and behavioral health care services, the contractor shall also establish and manage eligibility for "DCF/CSOC Only" Coverage (See Vol. 12, No. 1 newsletter on the www.njmms.com website for a brief description of the DCF/CSOC Only Coverage. This includes an IT component as well as manual staffing components.

The contractor shall develop a database that contains DCF/CSOC defined data elements including demographic data of the "DCF/CSOC Only" covered youth. The data will be transmitted to OIT and/or the Division of Medical Assistance and Health Services MMIS as needed. The eligibility system shall provide periodic reports to DCF/CSOC that include, but not are limited to the following:

- a. Data on the number of 3560 numbers issued;
- b. Data on the number of 3560 numbers terminated, and the reasons why;
- c. Data on youth who, subsequent to the issuance of DCF/CSOC Only coverage, are issued a NJ FamilyCare eligibility number;
- d. Data on youth who have gaps in their NJ FamilyCare (Medicaid) coverage; and

- e. Data on youth who have continuous 3560 coverage for 10 months or more.

The contractor shall systemically provide written eligibility information to families, providers, and care managers regarding the issuance and/or termination of “DCF/CSOC Only” eligibility.

The contractor shall also:

- a. Manually review NJ FamilyCare (Medicaid), “DCF/CSOC Only” eligibility applications in order to determine eligibility for the CSOC only coverage;
- b. Routinely issue “DCF/CSOC Only” coverage within two (2) business days of the receipt of the material for review;
- c. Issue coverage by close of business (same day) if the request has been deemed urgent by DCF/CSOC; and
- d. Manage special programs and their requirements as result of recently approved Comprehensive waiver.

3.8 COORDINATING MEDICAL COVERAGE AND THIRD-PARTY LIABILITY

For the child, youth, young adult, and his or her family/caregivers that have private health insurance coverage, the contractor shall coordinate benefits and third-party liability in order to ensure that State and Federal funds are used as the payers of last resort. The contractor shall submit a Cost Avoidance Plan to the SCM. The Plan shall include at a minimum:

- a. A method to coordinate benefits; and
- b. A method to determine the liability of third parties that are obligated to pay for covered services.

Communication of third party liability information including any known changes in, or in addition to, health insurance information is transmitted to Medicaid Inspector General's Office for review and verification and then to Medicaid's Fiscal Agent, MOLINA, and any other appropriate parties identified by DCF/CSOC.

The contractor shall authorize or provide access to services in those instances where it is not known if insurance coverage will pay for services. The contractor shall not deny service delivery for covered services, but shall assist the family in determining whether the third party payer is liable or not.

In the event DCF/CSOC adopts a policy that requires contributions to the cost of care, the contractor shall provide a plan to address and process co-payments, deductibles, and premiums from family/caregivers as required by such a policy.

3.9 FISCAL REQUIREMENTS AND ACCOUNTABILITY

As the State's ability to maximize Federal and State funds to serve the population is a major component of the contractor function, the Contractor shall provide the SCM with quarterly statistics to support the State's cost allocation plan.

In support of the CSOC vision that the right services are provided to the youth at the right time and in the correct integrated service plan, it is imperative that services be paid for at the correct level of need from the designated funding source. Because of this, the contractor shall ensure that all fiscal requirements are met and all changes in fiscal needs and circumstances are addressed quickly and appropriately. In order to meet the fiscal requirement, the contractor shall provide a **Fiscal Requirements and Accountability Plan** to the SCM that describes how the contractor will comply with the following requirements:

- a. The contractor shall send, receive and utilize data from the State's Fiscal Agent. The contractor shall make any changes necessary to ensure only correct information is provided to the State Fiscal Agent and is responsible for ensuring that transfers are accurate and complete. The contractor shall integrate with the State MMIS and the Medicaid Enterprise Data Warehouse in accordance with the guidelines and principles specified in the Medicaid Information Technology Architecture (MITA) framework, when implemented;
- b. The contractor shall provide crosswalk information that ties the Fiscal Agent's unique individual identifier to the contractor's unique individual identifier. This information shall allow a one-to-one relationship between a contractor record and the Fiscal Agent record. The contractor shall track eligibility, authorizations, and the actual utilization of services. The MIS shall provide data views for data mining, projections, and fiscal reports that are available nightly, weekly, and monthly (depending on the functional requirement). All information on the MIS shall reflect the one to one relationship of youth to the authorizations, providers, service time spans, and other data elements as

determined by DCF/CSOC. The contractor shall maintain and provide to DCF/CSOC and the Fiscal Agent management reports and data views as needed. The contractor shall provide specially designed reports as needed by the Fiscal Agent;

- c. The contractor shall retain historical NJ FamilyCare (Medicaid) eligibility data to ensure that changes in NJ FamilyCare (Medicaid) eligibility are traceable on the contractor's system; Prior Authorizations (PA) must be accurately transmitted by the contractor to the Fiscal Agent. The needs of the Fiscal Agent supersede those of the contractor, as the Fiscal Agent is the user of the PA information. The contractor shall provide accurate, timely, and complete integration of data between the two systems that is essential for operations. The PA transmittals by the contractor to the Fiscal Agent and acceptance by the Fiscal Agent shall allow all authorized services to be paid through the Fiscal Agent System;
- d. The contractor shall ensure that PA data is available and matched to the prior authorization claims information held by the State's Medicaid Fiscal Agent;
- e. The contractor shall ensure that all authorizations for service comply with NJ FamilyCare (Medicaid) and State policy, Federal regulations and policy, State law and any other governing law, regulation or policy, current and future. The contractor's authorization rules must maintain adherence to these laws, regulations, and policy, and the contractor shall make a good faith effort to prevent authorizing claims that violate laws, regulations, or policies;
- f. The contractor shall ensure that all outstanding PAs are canceled and superseded by newly authorized services when the needs for services change. The contractor shall track and make every effort to prevent unnecessary utilization of services;
- g. The contractor shall use a federal match hierarchy in the assignment of primary eligibility to a child, youth, or young adult. The contractor shall communicate all changes in eligibility to providers to ensure compliance with the law and to maximize accuracy of the federal match; and
- h. The contractor shall generate and provide reports of program utilization by NJ FamilyCare (Medicaid) enrollees by program. These reports are needed by DCF/CSOC to obtain federal matching funds. The contractor shall ensure that the interchange of data be performed with 100% accuracy. The contractor shall report and fix any errors discovered in the data or in the interchange of data before the next weekly payment cycle. The contractor's records must be maintained and a program of regular data backups must be instituted. Periodic full load updates to the data shall be provided (nightly, weekly, monthly) or as determined by the State. Back up data shall be available in order to facilitate the auditing of the contractor's operation. The contractor shall maintain a historical record of transactions and changes in order to allow for issues tracking and investigations of performance.

3.9.1 CLAIMS PROCESSING

The contractor shall submit and adjudicate claims for specified sets of services to be paid through DCF's Office of Accounting. Examples include claims for wrap-flex services such as camp for children with behavioral health and or intellectual/developmental challenges, or substance use treatment services, which are otherwise not paid through a contract or through the State's Division of Medical Assistance and Health Services' Fiscal Agent. The contractor shall review the application for services, provide a prior authorization and provide care coordination. The contractor shall also process the claims for the payments for these services in a different manner than those billable under NJ FamilyCare (Medicaid). Currently, the claims for these services are received by the contractor, reviewed for correctness and appropriate authorization, and processed and sent to DCF accounting for payment.

3.10 CUSTOMER SERVICE AND CALL CENTER

The contractor shall provide a service delivery model that provides a common single point of access for all youth who require services for behavioral health, intellectual/developmental disability, and/or substance use. The contractor shall provide a Customer Service and Call Center Plan that outlines how the requirements described below are met.

The contractor shall:

- a. Use service delivery practices for youth and his or her family/caregivers that are person and family-centered, timely, culturally relevant, and effective in addressing symptoms/challenges, thus, maximizing functioning and transforming the youth's quality of life;
- b. Operate in partnership with DCF/CSOC and the community to ensure that service delivery operations result in effective services;
- c. Solicit routine input from stakeholders, including from the youth receiving services. This information shall be used by the contractor to discover and report on needed delivery system improvements;
- d. Maintain a current inventory, updated on a quarterly basis, of the State's provider network for all covered services that offers a choice of providers and a comprehensive array of services to youth and their family/caregivers;

- e. Provide innovation in organizing and administering a delivery system that meets the service needs of youth and families. The contractor shall maintain flexibility in operations to respond to the changing needs of the youth and family/caregivers, new legislative or regulatory mandates, DCF/CSOC policies, initiatives and IT updates, as well as other factors as new information and knowledge becomes available; and
- f. Facilitate the delivery of services to youth that are easily accessible, timely, and effective, as demonstrated by improvement on outcome measures. Provide access to services with the explicit goal of assisting youth in achieving and maintaining success in recovery, resiliency, gainful employment, age-appropriate education, living in their own homes, self-sufficiency and meaningful community participation, while avoiding involvement in the juvenile justice system.

3.10.1 OPERATE A 24/7 BY 365 DAY CALL CENTER

The contractor shall provide and maintain a toll-free Call Center accessible twenty-four (24) hours, seven (7) days a week, which provides information gathering and initial registration, and a

telephonic customer service for the DCF/CSOC. The contractor shall ensure that Call Center functions required for facilitating service provision and/or crisis response are available 24/7. The contractor shall meet the following requirements:

- a. The contractor shall transition the existing call center functions from the incumbent contractor, in a seamless manner, making the transition transparent and effortless for youth;
- b. The contractor shall establish a toll-free number approved by the SCM. Once established, DCF will own the rights to the toll free call center number. It is anticipated that this number will be transitioned from the incumbent CSA to the contractor or to the State at the end of this contract term;
- c. The contractor shall ensure that the toll-free number is publicized throughout New Jersey, and listed in the directory of all local telephone books and major web-based search engines;
- d. Physical Location – The contractor shall physically locate the Call Center and Customer Service Unit in the State of New Jersey within a ten (10) mile radius of 50 East State Street, Trenton, NJ. After hour Call Center services must also occur on site in New Jersey;

- e. Bilingual/Multi-Cultural Staff – The contractor shall have full time bilingual/multi-cultural staff available during regular business hours physically located at the New Jersey site. After regular business hours a translation service shall be available. Bilingual/multi-cultural staff at a minimum, must represent English and Spanish and all other languages spoken by five (5%) percent or more of the target population;
- f. Translation Services – The contractor shall utilize a language line translation system for callers whose primary language is not English. This service shall be available twenty-four (24) hours per day, seven (7) days per week. Currently 8% of calls require use of translation services;
- g. Services for the Deaf/Hard of Hearing – The contractor shall include a Telecommunication Device for the Deaf (TDD) and relay systems. Emergency Service Authorization – The toll-free telephone answering system shall also include a line for emergencies, clinical referrals, and service authorization that is maintained twenty-four (24) hours per day, seven (7) days per week and staffed by the appropriate level of staff to review and authorize services;
- h. Call Transfers – The Call Center shall handle program information calls and transfer callers to appropriate community resources, examples include, but are not limited to: Police, MRSS, DCP&P, CMO or FSO. Emergency calls are transferred to a warm line (see glossary for definition);
- i. Call Prompter – The Call Center shall utilize a Call Prompter Service. The call prompter service is a series of numbered selections. The caller shall respond by entering the number of the service they are requesting. The call prompter shall provide the caller the option to opt out or wait for the next available representative;
- j. Voice Prompter (shall be available in English and Spanish) – The Call Center shall utilize Voice Prompt Technology and provide the caller the option to opt out or wait for the next available representative;
- k. Warm Line Transfers – In addition through an automated call prompting and transfer service, the Call Center shall connect the caller with a professional trained staff member to discuss the caller's needs and direct that caller to the appropriate program for further information. This transfer shall be provided through a warm line transfer;
- l. The contractor shall provide the capacity to listen to all calls, as well as monitor and record conversations and store the data including when a third party has been brought onto the call line and make them available to DCF/CSOC at any time. The contractor should retain copies of recorded calls for at least three (3) months or present an alternative based on storage or other limitations;

- m. The contractor shall provide live chat ability and to assist in triage, Call Center staff shall also:
1. Be customer and engagement focused and friendly at all times;
 2. Be sensitive and assist with cultural and/or linguistic needs;
 3. Represent DCF/CSOC to the calling public;
 4. Be able to discuss all DCF/CSOC programs, and identify their main attributes;
 5. Direct callers to appropriate DCF/CSOC or other State program website(s);
 6. Initiate dispute resolution processes and refer to appropriate staff;
 7. Answer and respond to email requests;
 8. Mail program literature and informational materials within one to two business days (via regular mail) depending on the urgency of the request;
 9. Be fully versed on all I/DD, behavioral health, and substance use related issues and services provided by DCF/CSOC and the community; and
 10. Be able to help families understand all of the options for obtaining services. Families should not have to be overly burdened with understanding and sorting out all of the various funding sources or “system doors” to access services. The CSA shall make this process transparent for families and seamless as possible.

3.10.2 CHILDREN ENTER THE SYSTEM OF CARE THROUGH VARIOUS POINTS

The contractor shall provide an open, seamless system of access regardless of where or how a youth enters the system. Youth shall not be discriminated against, in terms of service timeframes, authorization procedures, or service delivery options, based on point of entry into the system.

Children are referred to the System of Care through various avenues; examples include, but are not limited to:

- a. Direct calls from family/caregivers/self-referrals;
- b. Calls from local governments, schools, police;
- c. Various State agencies such as the Juvenile Justice System and DCP&P;
- d. Providers;
- e. Family Support Organizations (FSO);
- f. Care Management Organizations (CMO);

- g. Hospitals; and
- h. Insurance Companies.

3.10.3 CALL CENTER PROCEDURES AND TRAINING

The contractor's Call Center staff shall be responsible for the following:

- a. Identifying youth and family/caregivers open to DCP&P and/or DCP&P workers who call. These callers shall be transferred to the contractor's dedicated DCP&P Customer Service Staff (NJ site) for services;
- b. Understanding all relevant facts regarding the situation that prompted the call in order to effectively identify potential service options. This requirement is to make clear that this responsibility rests with the contractor; the responsibility does not rest with the caller to explain the issues in "the right way" in order to achieve a desired outcome;
- c. Maintaining a current and comprehensive understanding of all DCF/CSOC operational functions as well as an ability to identify and work with DCP&P families and workers;
- d. Identifying special client needs, e.g., wheelchair and interpretive linguistic needs; and
- e. Assuring appropriate linkages between Customer Service staff and Care Coordinators, including immediate transfer of clients in crisis to Care Coordinators.

The contractor shall develop initial and ongoing training programs to ensure that Call Center staff meets these obligations. Those training programs, the associated curricula, the method of delivery (e.g., in person, computer-based, etc.) and any other relevant materials (e.g., job aides, written guides, etc.) are subject to the review and approval of DCF/CSOC before training commences. DCF/CSOC may also, at its sole discretion, attend and participate in any training conducted by the contractor. (See Section 3.5 for more details).

3.10.4 CALL CENTER INFORMATION TECHNOLOGY REQUIREMENTS

Call volume tracking statistics shall be maintained by the contractor and made available to DCF/CSOC at established intervals (such as daily, weekly, or monthly) as directed by the Director of CSOC, the SCM, or designee. The contractor shall ensure a seamless transition

from the Call System to the Electronic Health Record (EHR) to ensure call reports are consistent for reporting (i.e. integrated phone system).

The contractor shall install and maintain an automated call distribution and call reporting system that, at minimum, records and aggregates the following information, on the half hour, hourly, daily, weekly, and monthly basis, as determined by DCF/CSOC, for the Call Center as a whole and for individual operators:

- a. Total number of incoming calls;
- b. Total time each operator is available (signed on to the system);
- c. Number of answered calls by individual staff;
- d. Number of calls received for intake or direct services for children in OOH treatment;
- e. Number of calls by type of caller (e.g. provider, family member, State agency, etc.);
- f. Average call wait time;
- g. Percentage of calls answered in under ten (10) seconds by member services;
- h. Average talk time;
- i. Number of calls placed on hold and the length of time on hold;
- j. Number of abandoned calls and length of time until call is abandoned;
- k. Number of outbound calls;
- l. Number of direct dial calls received by operator;
- m. Number of calls by reason for call (e.g. service request, DD/ID eligibility);
- n. Number of outbound calls made by operator (this shall help track transfers, and if the number of outbound calls exceeds incoming calls received by an operator this information will assist in managing potential abuse of the phone system);
- o. Number of available operators by time;
- p. Actual and average busy time by operator;
- q. On-line forms which include the capability to allow the users to populate forms online as well as telephonically and/or by fax;
- r. Number of calls pertaining to youth already involved with the DCP&P system; and
- s. DCP&P placement status or DCP&P involvement status.

In its discretion, DCF/CSOC may require the contractor to produce additional data reports regarding Call Center operations.

3.10.5 STAFFING

Staffing levels for the Call Center must be based on industry standards for call volume and must be sufficient to ensure that the contractor complies with the call center performance standards included in this RFP. The contractor shall provide a Call Center staffing matrix based on Call Center Volume statistics that successfully meet the call center performance standards, which must be approved by DCF/CSOC.

3.10.6 CUSTOMER SERVICE

The contractor shall develop, implement, and maintain a customer service function that is responsive to individuals, youth, family/caregivers, and stakeholders.

In addition, the contractor shall develop a distinct customer service function that is responsive to the unique service needs of youth, and their family/caregivers (including birth, foster, guardian and kinship families) involved in the DCP&P system and that is responsive to the needs of the DCP&P staff.

The contractor shall provide at a minimum the following customer service functions:

- a. Assist and triage callers who may be in crisis by making an immediate transfer to a clinical care coordinator. The call shall be answered immediately (within ten (10) seconds) and only transferred to a warm line;
- b. Respond to individuals with limited English proficiency through the use of bi-lingual/multi-cultural staff or language assistance services. Bilingual/Multi cultural staff at a minimum, must represent English and Spanish and any other language spoken by five (5%) percent of the target population. See Section 1.2.6 for Population Demographics; Currently 8% of calls require use of translation services;
- c. Provide general information and orientation regarding all aspects of the program and operations;

- d. Mail out (via regular mail) DCF/CSOC approved program literature and informational materials at the caller request. This information shall be mailed within one (1) to two (2) business days depending on the urgency of the request;
- e. Customer Service shall interact with callers in a courteous, respectful, polite, and engaging manner, and
- f. Shall follow up on and respond to inquiries and concerns from youth, their family/caregivers, and stakeholders in a timely manner;
- g. Provide a customer service approach that ensures working with youth, and their family/caregivers and/or their DCP&P worker to establish program eligibility;
- h. Provide a referral process that assists with referrals to all available statewide programs and resources for the target populations and assist youth, and their family/caregivers with scheduling appointments;
- i. Respect the caller's privacy during all communications and calls. (Refer to HIPAA Requirements. More information on HIPAA requirements can be found at <http://www.hhs.gov/ocr/hipaa/>) Also refer to 42 CFR Part 2 at www.samhsa.gov/about/laws/SAMHSA_42CFRPART2FAQII_Revised.pdf.);
- j. www.samhsa.gov/about/laws/SAMHSA_42CFRPART2FAQII_Revised.pdf.);
- k. Assist youth and his/her family/caregivers to telephonically connect with the agency or other party to which a youth is referred through a warm transfer;
- l. Work with youth, and their family/caregivers to establish eligibility for other supportive services, such as, but not limited to, NJ FamilyCare (Medicaid) and community organizations. The contractor shall have a comprehensive resource list of NJ FamilyCare (Medicaid) providers and community organizations available outside of the DCF/CSOC provider network that can be accessed by children and families who do not rise to the level of need for DCF/CSOC services. The contractor should have the knowledge and ability to give families referral and eligibility information for those programs and services;
- m. Assist and inform youth and his/her family/caregivers about required eligibility documents and/or obtaining such documentation;
- n. Triage all calls to the appropriate staff and/or agencies;

- o. Document complaints and triage grievances, reconsiderations, appeals, and quality of care issues in accordance with the protocol as set forth in this RFP. See Section 3.15 – Complaints, Reconsiderations, and Appeals;
- p. Assist providers and DCP&P workers with issues and concerns regarding service referrals, authorizations, payments, training, or other relevant inquiries regarding service provision, eligibility or payment;
- q. Refer callers within approved timeframes to the appropriate contractor staff, State agency, or community provider;
- r. Provide general assistance and information to families seeking an understanding of how to access care in either the private or public sector for their youth with emotional and/or behavioral challenges (e.g. how to get an evaluation for a child). Provide information to families about resources available through a Family Support Organization (FSO);
- s. Assist families with understanding the services and supports available in all components of the CSOC, including services for developmental disability, behavioral health, and substance use; and
- t. Facilitate access to information on available service standards and benefits.

3.10.7 CALL CENTER AND CUSTOMER SERVICE PERFORMANCE STANDARDS

The contractor shall meet the following performance standards for the operation of the Call Center and Customer Service function. The contractor shall:

- a. Ensure that youth and family/caregivers can access the Customer Service Unit 24/7 through a toll free telephone answering system that shall respond in person within 30 seconds;
- b. Complete an on-line registration form and screening within five (5) minutes of call;
- c. Complete the registration process within 24 hours;
- d. Ensure that emergency calls are expedited immediately (within ten (10) seconds) for clinical triage and appropriate referral;

- e. Ensure abandonment rates for Call Center calls do not exceed three (3) percent of all calls within the queue;
- f. Ensure average time to answer all Call Center calls does not exceed thirty (30) seconds;
- g. Ensure waiting times within the queue do not exceed three (3) minutes;
- h. Conduct call coaching (call monitoring) on a regular basis for quality assurance purposes on each operator randomly, a minimum between two (2) and five (5) hours per week and not all during the same shift;
- i. Record call coaching results on a standard form and reported to DCF/CSOC weekly during the first six months and monthly thereafter (unless otherwise directed by DCF/CSOC);
- j. DCF/CSOC staff shall be given the opportunity to remotely monitor live calls on a random basis without notification to the contractor;
- k. Verify NJ FamilyCare (Medicaid) status for all youth;
- l. Properly execute eligibility matching with Division of Medical Assistance and Health Services for at least ninety eight percent (98%) of records; and
- m. Respond to all customer service e-mails within 72 hours of receipt. Resolve routine issues within 72 hours. All other issues must be resolved within five (5) business days. Examples of routine issues include:
 - 1. An authorization was not generated in the system;
 - 2. The eligibility number was entered incorrectly; and
 - 3. A user cannot log onto the system.

3.10.8 CUSTOMER SERVICE HELP DESK

The contractor shall establish and staff an automated Customer Service Help Desk process to screen, register, respond, and track problems, complaints, and/or follow-up questions that are received from youth family/caregivers, State agencies, and/or providers. The automated Customer Service Help Desk shall provide a repository and monitoring tool for registering and tracking all problems, complaints and questions.

The contractor shall provide an automated help desk tracking system that shall allow customer service staff members to log in problems/inquiries and assign an identification/ticket number to each problem/inquires so that the resolution status can be tracked and reports can be issued.

The contractor shall provide procedures for customer service help desk management, problem escalation, and problem resolution, including the timeframes for responding to help desk requests. Procedures must address the following factors:

- a. Problem logging;
- b. Assign a problem ticket number;
- c. Assignment of priority;
- d. Problem escalation procedures;
- e. Problem resolution;
- f. Response times; and
- g. Ability to search through previous problems to find resolutions for new problems.

These procedures are subject to the review and approval of DCF/CSOC prior to implementation.

The Customer Service Help Desk must be adequately staffed and provide support from 8:00 am to 6:00 pm Monday through Friday.

3.10.9 CUSTOMER SERVICE HELP DESK RESPONSE TIME STANDARDS

Severity Code	Business Hours for Support	Expected Response Time	Expected Resolution Time
1. Critical - Problem affects the emergent delivery of a clinically necessary treatment of a condition that requires immediate attention in order to prevent deterioration or harm to a youth	24 X 7	30 seconds	1 hour

but is not life-threatening. All life-threatening calls must be referred to police emergency services 911 immediately.

2. Moderate - Problem affects

Initial service authorization determinations as well as continuation of care decisions for routine care.

8 AM - 6 PM*
Monday-Friday

4 hours

5 business days

3. Low – Problem has no direct effect on providing clinical care to the child or adolescents.

8 AM - 6 PM*
Monday-Friday

8 hours

7 business days

*The call center must be available 24/7 to answer all calls and appropriately address the needs of the callers. However, if the need is moderate or low, the final resolution of the needs can be addressed during the stated business hours.

3.10.10 WEBSITE

The contractor shall develop and maintain a customized website that provides on-line access to general customer service information. The contractor shall organize the website to allow for easy access of information by youth, family/caregivers, providers, stakeholders, and the general public in compliance with Section 508. All content appearing on the website shall be approved by DCF/CSOC and shall be consistent with DCF and CSOC program policies. The contractor shall review the website and its content cyclically on a quarterly basis to ensure that all information is up-to-date and accurate.

The contractor shall include on a website, at a minimum, the following updated information or links:

- a. Call Center Telephone Number;
- b. Customer Service contact information, including e-mails;

- c. Eligibility information;
- d. Hours of operations;
- e. Crisis Response Information;
- f. Information on how to access services, including crisis contact information;
- g. Toll-free crisis telephone numbers;
- h. Information regarding community forums, volunteer activities and workgroups/committees that provide opportunities for youth receiving services, family/caregivers, providers, and stakeholders to become involved;
- i. Information regarding advocacy organizations, including how youth, and other family/caregiver members may access advocacy services;
- j. Clinical criteria for CSOC programs;
- k. Out-of-home program directory/listing;
- l. Substance Use service information;
- m. A hyperlink to the DCF/CSOC website;
- n. Link to electronic record (web based application)
- o. Information on services and supports for youth with intellectual/developmental disabilities including, but not limited to, DD eligibility and applications for DD family support and related services such as camp;
- p. Instructions on how to file a complaint, reconsideration, or appeal;
- q. Instructions on how to report suspected provider fraud and abuse. Information can be found at: www.dcf.state.nj.us; and
- r. Any other documents as required by the DCF/CSOC.

The website must also utilize a dynamic database that allows communication between applications so that when a document is updated in one application, related information shall be updated in other applications. (See MIS Section 3.17 for more details). The website shall be culturally competent.

3.10.11 MEMBER RECIPIENT INFORMATION

The contractor shall develop, distribute, and post to the website member information that includes a youth and family service guide, appeals and reconsideration information and instructional materials to youth, and their family/caregivers that are in easily understood language and format that is written at a fourth grade reading level. Regardless of the format chosen, the member information must be printed in a type, style, and size that can be easily read by youth and their family/caregivers with varying degrees of visual impairment or limited reading proficiency. The contractor shall notify youth, and their family/caregivers enrolled in the Children's System of Care in writing that alternative formats are available and how to access them. The contractor shall review all informational materials intended for distribution to youth and their family/caregivers throughout the contract transition and implementation period and obtain DCF/CSOC approval prior to distribution at least thirty (30) days prior to the contract start date.

When a language other than English is spoken by one thousand (1,000) or five percent (5%), (whichever is less) of youth and their family/caregivers in New Jersey that also have Limited English Proficiency (LEP), the contractor shall translate all vital material into that language. At a minimum, vital material includes Notices of Action, consent forms, communications requiring a response from the child, youth, young adult, and his or her family/caregivers, and all reconsiderations and requests for State fair hearing information.

For other non-vital generally provided materials, the contractor shall translate materials into a language when that language is spoken by three thousand (3,000) individuals or ten percent (10%), whichever is less, of youth and their family/caregivers in New Jersey that also have LEP.

The contractor shall provide youth and their family/caregivers receiving services through DCF/CSOC with written notice of significant changes related to member rights, advance directives, grievances, reconsiderations or State fair hearings at least thirty (30) days in advance of the intended effective date. The cost of postage shall be included in the contract price. No extra payment shall be made to the contractor for postage.

The contractor shall make oral interpretation services available free of charge to all youth, and their family/caregivers, which shall include all non-English languages, not just those that the contractor identifies as prevalent as set forth above.

3.10.12 MEMBER HANDBOOK

The contractor shall develop, distribute, and post to the website a Member Handbook that provides information to all youth and their family/caregivers. That handbook is known as the Member Handbook or Family and Youth Guide, and must be in both English and Spanish, with contractor-specific information. The contractor shall obtain DCF/CSOC approval prior to publishing the Member Handbook. The contractor shall distribute, either via US Postal Mail or electronic-mail, the Member Handbook to each newly enrolled child, youth, young adult and his or her family/caregivers within ten (10) days of the youth being registered with the contractor or first receiving a covered service, whichever is earlier. The contractor will obtain permission from the family/caregiver to send the handbook either via e-mail or postal mail (verbal permission is acceptable). The contractor shall publish the Member Handbook on the contractor's website. Unless otherwise instructed by DCF/CSOC, the contractor shall distribute the Member Handbook to youth and their family/caregivers, as well as CMOs, MRSS, FSOs and other system partners at least thirty (30) days prior to the contract start date.

The contractor shall review the Member Handbook at least annually and distribute an updated Member Handbook to each youth and his or her family/caregivers, CMOs, MRSS, FSO and other system partners on or before August 1st of each year. The contractor shall update the Member Handbook and submit the updated Member Handbook to DCF/CSOC within thirty (30) days of receiving changes made to the Member Handbook Template. If the contractor makes changes to the Member Handbook at a time other than the annual update, the contractor shall distribute in a timely manner the updated Member Handbook to each youth, and his or her family/caregivers and include documentation of the Handbook's distribution in the youth's medical record.

3.10.13 WRITTEN NOTICES

The contractor shall provide to youth and their family/caregivers and/or providers any of the following:

- a. Notices of Action and Notices of Decision which must be delivered in compliance with the language, time frame, and content requirements in Federal and State law and this Contract;

- b. When DCF/CSOC terminates a contract, provider agreement, or suspends or terminates referrals with a qualified service provider, the contractor shall deliver written notice of termination within fifteen (15) days of receipt or issuance of the termination notice by DCF/CSOC to each child, youth, young adult, and family/caregiver that received services from or was seen on a regular basis by the terminated provider, and in these instances, the contractor shall provide an alternative provider contact information to the child, youth, young adult and his or her family/caregiver at the time of notice of termination of a terminated provider;
- c. Advance written notification shall be provided to the affected persons at least thirty (30) days before implementation of DCF/CSOC program changes; and
- d. Newsletters, policy advice and any other DCF/CSOC materials determined to require distribution.

3.10.14 COMMUNICATIONS WITH FAMILY MEMBERS

At a minimum, the contractor shall provide youth and their family/caregivers with written materials and web-postings that contain the following information:

- a. The values and goals of the Children's System of Care;
- b. Where and how to access services, provider information including emergency or crisis services, and a description of covered services for individuals with intellectual/developmental disabilities, substance use services, and of key Children's System of Care components, (e.g. role of the contractor, CMO and FSO);
- c. Family/caregiver's role in the assessment, treatment, and support for youth with an emphasis on family, child, youth, and young adult engagement, strengths, and resilience;
- d. Generic information on the treatment of behavioral health, intellectual/developmental disabilities, and substance use, and principles of family, child, youth, and young adult's engagement, resilience, strength based practice, and best/proven practices;
- e. Any limitations in involving family/caregivers or providing information for adult persons who do not want information shared with family members, including age(s) of consent for behavioral health, intellectual/developmental disabilities, and substance use treatment;

- f. The contractor's customer service telephone number; and
- g. How to identify and contact a youth's care coordinator or care manager

3.10.15 INFORMATION DISSEMINATION

The contractor shall accurately and in a timely fashion disseminate and communicate information required by DCF/CSOC as needed. Upon request, the contractor shall assist DCF/CSOC in the dissemination of information to youth and their family/caregivers prepared by the Federal government, DCF/CSOC, or other State and federal agencies. The contractor shall pay for the cost to disseminate and communicate information. The contractor shall submit all youth, and family/caregivers informational materials to DCF/CSOC for approval prior to distribution. At a minimum, the contractor shall distribute information to the following groups: Youth, family/caregivers, service providers, community stakeholders, and State agencies, and update the information as needed.

All advertisements, publications, and printed materials that are produced by the contractor and that refer to the New Jersey Child Children's System of Care Program, shall state that the contractor is the Contracted System Administrator for the Division of Children's System of Care, Department of Children and Families. In all communications with the public while acting in accordance with this contract the contractor shall identify itself as the Contracted System Administrator for the Division of Children's System of Care, Department of Children and Families.

3.11 MANAGEMENT OF CARE

3.11.1 UTILIZATION MANAGEMENT

Utilization Management (UM), as described in this RFP, is intended to support the Children's System of Care vision that the right services are provided to the youth at the right time, as part of an integrated service plan. The contractor shall provide a UM Plan that describes how the contractor will provide a broad range of UM functionality across individualized plans of care as well as across systems partners. UM shall include such functions as approving and authorizing plans of care and assisting in the development and coordination of plans of care for youth who are not receiving care management assistance through other designated components of the Children's System of Care. UM shall also include PA, authorization for continued services, and discharge authorization. The contractor shall provide UM functions to ensure that plans of care meet the needs and draw on the strengths of the child, youth, young adult, and his or her

family/caregivers and are consistent with DCF/CSOC policies regarding the design, provision, and clinical or social necessity of the services included in the plan. The contractor shall use information from the UM system to assist DCF/CSOC to improve the quality of care across the Children's System of Care delivery system.

The contractor shall ensure appropriate management of utilization in accordance with DCF/CSOC established clinical guidelines for access to care. The contractor shall establish such processes and internal controls to meet all DCF/CSOC requirements for managing utilization of any particular covered service or services generally. All clinical guidelines for service authorization shall be clear, published and available to all youth, family/caregivers, and systems partners accessing services.

The contractor shall provide a UM process that begins at the initial point of entry into the program and continues throughout the duration of care as determined by youth and their family/caregiver's strengths and needs.

The contractor shall annually, no later than January 30th, provide an updated UM Plan. The plan shall be specific and include quantitative and qualitative measures of performance, along with quarterly and annual targets for performance. Plans shall be subject to review and acceptance by DCF/CSOC prior to implementation.

The contractor's UM Plan shall, at a minimum, consist of a plan for ensuring timely, appropriate, and responsive decision making regarding the following:

- a. Initial assessment for need for services;
- b. Intensity of service and authorization decisions made in accordance with DCF/CSOC guidelines, policy, and clinical criteria including a comparison of actual decisions to DCF/CSOC established algorithms for referral (Current clinical criteria guidelines are available for review through the document library);
- c. Review of youth awaiting a particular service to assure that level is still required; other alternatives to care have been explored;
- d. Continued stay reviews ensuring services are delivered for appropriate lengths of time and treatment goals are being attained or appropriate adjustments to treatment plans are being made to address areas of continued need;
- e. Identifying point-in-time and longitudinal positive outcomes in referred services; and

- f. Ensuring all decisions for referral and services are made in a manner that shall maximize positive outcomes for youth and their family/caregivers.

3.11.2 UTILIZATION MANAGEMENT (UM) REQUIREMENTS

The contractor shall comply with the following requirements related to UM:

- a. Comply with federal utilization control requirements, including the certification of need and recertification of need for continued stay in Psychiatric Residential Treatment Facilities (PRTF's). The contractor shall work with DCF/CSOC to review and revise the clinical criteria and utilization controls at regular intervals or as DCF/CSOC directs;
- b. Implement the DCF/CSOC definition of medically necessary covered services and the DCF/CSOC levels of need in all UM programs. This shall include the utilization of the DCF Information Management and Decision Support (IMDS) standardized assessment tools to establish appropriate level of need for each child, youth, or young adult accessing care. The contractor shall report on assessed level of need according to the IMDS tools and level of need determinations on a monthly basis to demonstrate any divergence between assessed level of need and level of need determined by the contractor;
- c. Carry out DCF/CSOC established limits on service delivery applying criteria developed or established by DCF/CSOC, such as medical necessity, or for utilization control. Alternative services delivered shall be appropriate to the needs of the youth and be reasonably expected to achieve their purpose;
- d. Not deny a required service solely because of the youth's diagnosis, type of illness, or condition. Instead, the contractor shall determine appropriateness of service based upon a holistic and individualized assessment of a youth's strengths and needs;
- e. Provide Outlier Management (OM) as set forth in Section 3.11.3 below;
- f. Collaborate with DCF/CSOC to develop and implement processes, based in part on encounter data and other available appropriate information, that monitor for under and over utilization of services at all levels of care, including monitoring utilization of services by demographics and special populations. (e.g. special DCP&P populations). The contractor shall review utilization data to assure services are being provided in a manner consistent with the principles and values of the New Jersey Children's System of Care;

- g. Report over or under-utilization of services when the contractor detects them, and develop and implement strategies to bring utilization to the expected level;
- h. Develop and maintain processes to track and monitor children, youth, and young adult's cumulative service utilization to ensure Title XIX and Title XXI reimbursement is not made beyond any current or future service limitations;
- i. Provide all DCF/CSOC designated care coordination entities including CMOs, DD Consultants, and MRSSs with technical assistance regarding UM techniques to ensure appropriate service utilization in the access and brokering of services by those entities; and
- j. Provide a process that allows for periodic review of the treatment plans and review of progress made and allows for changes in the treatment plan based on progress information. The process shall ensure flexibility in the ability to authorize the appropriate level of need services to reflect the progress on the treatment plan.

3.11.3 OUTLIER MANAGEMENT (OM)

As part of the contract transition and implementation, the contractor shall provide an OM Plan. The plan shall describe how the contractor shall provide an automated system for identifying and managing outlying service utilization. The system shall use service utilization data to identify youth who are a predetermined number of standard deviations above or below the mean for service utilization in the particular service category or for the array of strengths and needs. OM shall consider to the extent possible the entire service plan for the child, youth, or young adult.

The goal of the OM is to identify youth who may be under or over utilizing services. This data shall be used to ensure effective and efficient service delivery.

As outliers are identified, protocol driven analysis shall determine whether the utilization is problematic and in need of intervention.

Specific OM activities shall include:

- a. Identifying statistical, programmatic, and clinical outliers utilizing the outlier management database and established DCF/CSOC approved protocols;

- b. Under the direction of DCF/CSOC, develop action plans jointly with care managers and relevant providers to address the outliers when required; and
- c. Under the direction of DCF/CSOC, provide or arrange onsite reviews/consultation for unresolved outlier management issues and subsequently provide final recommendations based on the outcome of the site review.

3.11.4 UTILIZATION MANAGEMENT SERVICES

Under the direction of DCF/CSOC, the contractor shall manage or assist in managing utilization of services available under the Children's System of Care. Those services include, but are not limited to:

- a. Evaluation & Diagnostic Services;
- b. Multi-System Assessment;
- c. Care Management/Care Coordination;
- d. Mobile Response and Stabilization Management Services;
- e. Stabilization Management Beds;
- f. Out-of-Home Treatment Settings;
- g. Behavioral Health Homes;
- h. Individual, Group, and Family Therapy in an office or a clinic setting;
- i. Medication Management/Monitoring;
- j. Partial Care;
- k. Partial Hospitalization;
- l. Intensive In-Community Services;
- m. Behavioral Assistance;
- n. Family Support Organization Services, includes peer to peer support, and youth partnership services;
- o. Outpatient;
- p. Inpatient;
- q. CCIS;

- r. Substance Use Treatment - Ambulatory:Outpatient (OP), Intensive Outpatient (IOP), Partial Care, Long-Term Residential (LT-RTC), Short-Term Residential (ST-RTC), and Detoxification (Detox/Withdrawal Management);
- s. DD Family Support Services;
- t. Intensive In Home Habilitation Services;
- u. Comprehensive Medicaid Waiver services; and
- v. Other individualized supports through available flexible funds and wrap-around services.

Except for those services explicitly exempted by DCF/CSOC, the contractor shall establish service authorization and continued stay review mechanisms, including an appropriate PA, to effectively manage all covered services. Continued stay reviews most commonly occur at least every 90 days. In addition to authorizing services, the contractor shall engage in concurrent and retrospective reviews of utilization to ensure services are appropriately utilized in accordance with DCF/CSOC policy, guidelines, and clinical criteria mechanisms. The core goal of ensuring that youth access the right intensity, duration, and scope of services at the right time. Concurrent reviews shall take place regularly to meet this goal, and retrospective reviews shall take place no less than quarterly and the results of these reviews shall be provided to DCF/CSOC within a determined timeframe established by DCF/CSOC.

3.11.5 UTILIZATION MANAGEMENT FOR OUT-OF-HOME TREATMENT SETTINGS

As part of the UM Plan, the contractor shall describe how the contractor will provide a UM system for accessing and monitoring OOH treatment settings (addressing behavioral health, I/DD, and substance abuse). The contractor shall provide a system for managing and tracking the referral, admission, continued stay, and discharge of youth in OOH treatment facilities. The system must utilize real-time information technology to track referrals, vacancies, admissions, discharges and length of stay in all OOH treatment settings. At a minimum the system must:

- a. Establish processes that assure OOH treatment is pursued only when clinically indicated and when community based options, attempted and explored, do not adequately serve the child, youth, young adult, and his or her family/caregivers;
- b. Cyclical reviews conducted by the Contractor of youth awaiting a particular service in order to determine if service is still required; contractor shall assess for other appropriate service alternatives/creative solutions for youth;

- c. Minimize the time required to admit a youth to an OOH treatment setting after an intensity of service determination has been made;
- d. Support DCF/CSOC's goal to get the youth into the right array of services and supports at the right time;
- e. Provide an automated real time process that allows OOH treatment providers and DCF/CSOC the ability to monitor bed allocations and utilization status. At a minimum, that system must track the following:
 - 1. Total number of beds by unique identifiers, and provider site;
 - 2. Total number of admitted youth;
 - 3. Total number of scheduled and/or accepted children for admission;
 - 4. Total number of youth accepted into the treatment setting;
 - 5. Total number of cases under review by a provider; and
 - 6. Total number of projected vacancies and number of vacant beds; and
- f. Provide an automated process for authorizing, admitting, and reviewing the care of youth admitted to a DCF/CSOC approved and contracted OOH treatment settings. At a minimum, the automated process must allow providers the ability to actively manage their resources and promptly admit a youth into the treatment setting as well as make necessary corrections/changes to the system, if needed.

3.11.6 ADMINISTRATIVE REQUIREMENTS FOR UTILIZATION MANAGEMENT: TIMEFRAMES FOR SERVICE AUTHORIZATION DETERMINATIONS

The contractor shall comply with the following requirements and timeframes apply to all service authorization determinations:

- a. Emergent Care Service Determinations. Emergent care is defined as clinically necessary treatment for a condition that requires immediate attention in order to prevent deterioration or harm to a youth, but is not life-threatening. Decisions regarding the need for emergent access to services shall be made within one (1) hour of the request;
- b. Routine Care Determinations. Initial service authorization determinations as well as continuation of care decisions for routine care shall be made as quickly as possible, but shall not exceed five (5) after receiving a service request with all of the relevant information;

- c. Untimely Authorizations. If services are not authorized within the above time periods, the service shall not be considered to be authorized, and DCF shall not be responsible for payment until the request is evaluated and a decision by DCF/CSOC is rendered. Failure to timely authorize services shall subject the contractor to liquidated damages as set forth in Section 3.18 of this RFP; and
- d. DCF/CSOC may designate some services that shall be initially authorized without contractor review. In these instances, DCF/CSOC may request a post utilization review process and contractor recommendations regarding these services. These services may include outpatient, office-based, Detention Alternative Program (DAP), Human Trafficking (HT), Intensive Residential Treatment Services (IRTS) and other intensities of services.

3.11.7 ADMINISTRATIVE REQUIREMENTS FOR UTILIZATION MANAGEMENT: STAFFING

The contractor shall ensure that all staff involved in reviewing or evaluating information for service planning, authorization or other UM functions meets the following minimum qualifications:

- a. Be clinically licensed as one of the following: Advance Practice Nurse with a specialty in mental health or youth services, a Licensed Clinical Social Worker (LCSW), a Licensed Marriage and Family Therapist (LMFT), a Licensed Professional Counselor (LPC), a licensed Psychologist, or licensed Psychiatrist.
- b. Have a minimum of two years' experience in children's mental health, intellectual/developmental disabilities, substance use, DCP&P, juvenile justice, or a related public sector human services or behavioral healthcare field, providing community-based services to youth and their family/caregivers;
- c. Have background and experience in one or more of the following areas of expertise: family systems; community systems and resources; case management; child and family counseling/therapy; child protection; and child development;
- d. Be clinically and culturally competent/responsive with training and experience necessary to manage complex youth in the community across child serving systems;
- e. Be trained to screen and assess crisis or emergency calls and assess the caller's degree of acuity/severity and clinical necessity for treatment based on DCF/CSOC approved criteria;

- f. Be trained in the values, principles, goals, and the organization of the Children's System of Care in NJ, including roles played by partner agencies, such as DCP&P, DMHAS, and DDD. Training will be provided by DCF/CSOC; and
- g. Ensure one bilingual/multi-cultural Care Coordinator is available on site and is well versed in the language and culture of the population requiring service whenever feasible in order to minimize reliance on interpreter/translation services.

3.11.8 ADMINISTRATIVE REQUIREMENTS FOR UTILIZATION MANAGEMENT: SERVICE DENIALS, REDUCTIONS, AND TERMINATIONS

- a. All UM decisions shall be made in the context of overall service planning objectives and shall be made by the contractor clinical staff in consultation (verbal and written) with the family/caregivers and involved child-serving systems. A verbal and written notice of all decisions to authorize, terminate, reduce, suspend, modify, or deny services shall be provided to enrollees within three (3) calendar days of the decision;
- b. Denials, reductions, or terminations of services shall be made prospectively, in timeframes consistent with DCF/CSOC policies and procedures. Copies of policies, procedures, and business rules (inclusive of obtaining additional information from providers) will be provided to the contractor by DCF/CSOC. Retroactive denial, reduction, or termination is prohibited;
- c. A board certified or board eligible child psychiatrist shall be the only contractor staff to make denials, reductions, or terminations of inpatient services, alternatives to inpatient services, and medication monitoring. However, other licensed clinical care coordinators or other qualified practitioners may make denial, reduction, or termination decisions for other types of services;
- d. Notice of Action. The contractor shall authorize, terminate, reduce, suspend, modify, or deny service requests, and shall provide verbal and written notification to the youth and his or her family/caregivers, and the DCF/CSOC designated care coordination entity, if the youth is enrolled with such an entity. The notice shall be a standardized format, issued at the time the authorization data for the MOLINA MMIS Fiscal Agent is prepared, and the format shall have prior approval of the DCF/CSOC. The form shall be sent to the youth and his or her family/caregivers or other authorized party, the provider, and the DCF/CSOC designated care coordination entity, if applicable, and shall contain, at a minimum, the following information.
 - 1. The effective date of the determination;
 - 2. The reason for the determination;
 - 3. Alternative treatments available;

4. The name, address, and telephone number of the provider, the name, address and telephone number for obtaining information on legal service organizations for representation, and the name, address, and telephone number of the local Family Support Organization;
 5. Notice of appeal rights and instructions on how to initiate an appeal, including time frames and the right to be represented by legal counsel;
 6. Notice of the availability, upon request, of the clinical necessity criteria utilized to make the determination; and
 7. In addition to written notification, the contractor shall telephone the youth, or other authorized person to ensure the youth or authorized person fully understands the basis for the determination and the information contained in the written notification;
- e. Complaints, Reconsiderations and Appeals - Determination of care decisions shall be handled in accordance with Section 3.15. The contractor shall establish policies and procedures approved by DCF/CSOC and in accordance with State policies and procedures, to govern the processing of all complaints, reconsiderations and appeals of the contractor's determination of care decisions. The contractor shall also provide appropriate documentation, testimony and consultant as needed; and
- f. The above processes shall be promulgated to the extent that families are readily aware of them.

3.11.9 INFORMATION TECHNOLOGY REQUIREMENTS FOR SERVICE AUTHORIZATION

The contractor shall provide the following automated processes:

- a. A standardized method of collecting service data that supports comparison across the provider networks and the analysis of clinical practice i.e., definitions of services, units of measure regarding time and frequency, and the format for data collection;
- b. Utilization records for all authorizations by service type, units, and duration;
- c. Reports of authorized services for which claims have not been received; and
- d. Written notification to family/caregivers and providers of authorization decisions.

3.11.10 TREATMENT PLANS

The CSA provides the DCF/CSOC designated care management entities and other system partners with the data and information needed to manage the Individual Service Plan (ISP) process for youth and family/caregiver. During 2012, there were approximately 110,733 treatment plans and reviews completed. These plans consisted of initial service plans, continued authorization plans, transitional plans, and discharge plans for Care Management Organizations (CMO) and Mobile Response and Stabilization Services (MRSS), Intensive In Community (IIC) service plans, partial hospitalization, and out-of-home treatment plans. The

statistics are provided to the contractor for planning purposes. For most services, each child/youth has a new treatment plan submitted when he or she receives a new treatment service, at a specified timeframe during the course of treatment (generally every 90 days), and at the end of the service. It is the goal of CSOC to have one plan for each child/youth. To this end, CSOC has developed a shared treatment plan approach that connects multiple services and service providers into one treatment plan.

3.11.11 MEDICAID COMPREHENSIVE WAIVER COMPONENTS PROGRAM

The New Jersey Comprehensive Medicaid Waiver (also known as 1115 Demonstration Waiver) has several components that directly impact the CSOC and the contractor. The contractor shall be fully knowledgeable about the comprehensive waiver. The contractor shall directly manage key components/pilots, as well as other aspects of the waiver, such as managed long-term services, that will directly affect children served by CSOC and directly affect the operations of the contractor. This is an evolving process and the contractor will need to be flexible and respond to the needs of the CSOC as the waiver is implemented.

The key components/pilots within the comprehensive waiver that the contractor will manage are the Serious Emotionally Disturbed (SED) youth, the DD/MI dual diagnosed youth, and the Autism Spectrum Disorder (ASD) (formerly Pervasive Developmental Disability) component. All of the terms and conditions for these components can be found on the DHS website. The contractor will be responsible for implementing these programs, providing prior authorizations when needed, coordinating with the Medicaid MCOs, processing claims, providing full utilization management functions, and all other functions outlined within this RFP and the terms and conditions of the New Jersey Comprehensive Medicaid Waiver.

It is important to note, that the contractor will be serving as the non-risk managed care provider for all children up to age 21 (including NJ FamilyCare (Medicaid)) for behavioral health, substance use, and individuals with intellectual/developmental disabilities. Specific and separate utilization management, tracking, and reporting for these programs will be required of the contractor.

3.11.12 COORDINATION, COMMUNICATION, AND DATA SHARING WITH THE NJ FAMILYCARE MANAGED CARE ORGANIZATIONS (MCOs)

The contractor shall maintain constant and clear communication and data sharing with the NJ FamilyCare (Medicaid) MCOs as the non-risk managed care provider for behavioral health, addictions, and some DD services for youth up to age 21 covered by NJ FamilyCare (Medicaid)

3.11.13 DEVELOPMENTAL DISABILITY (DD) ELIGIBILITY

The contractor shall fully manage the DD eligibility determination process, which includes accepting applications, reviewing applications, making eligibility determinations in a timely manner. Information on the process can be found on the www.nj.gov/dcf website. Interface with Department of Human Services' Division of Developmental Disabilities IT system is required.

3.11.14 DD FAMILY SUPPORT SERVICES

The contractor shall fully manage the DD Family Support program which includes accepting family support applications, reviewing applications, providing authorizations, connecting families to appropriate services, maintaining waitlists as needed, responding to emergent requests within 24 hours, providing care coordination, and conducting all necessary utilization management functions. More information on the DD Family Support program can be found at the www.nj.gov/dcf website. Specific and separate utilization management, tracking, and reporting for these services will be required of the contractor.

3.11.15 DCF ADOLESCENT HOUSING HUB

The contractor shall provide all management associated with accepting requests for transitional housing, providing resources to emergency housing/shelters, provide care coordination, provide authorizations, track youth, connect youth to available programs, and provide reporting and tracking functionality. The full business rules for the current DCF Adolescent Housing Hub which is a reservation and tracking system to connect homeless adolescents and young adults age 16 – 21 with transitional housing options and emergency housing/shelter resources, will be available upon award of contract. The contractor shall provide specific and separate utilization management, tracking, and reporting for these services. The contractor shall make publicly available through the contractor's website, geo- mapping identifying programs and vacancies. The contractor shall address enhancement requests through the course of the contract. The contractor may be required to interface with the Statewide Homeless Management Information System (HMIS).

3.11.16 SUBSTANCE USE SERVICES

The contractor shall manage all aspects of the care coordination, utilization management, and security due to 42 CFR Part 2, for youth up to age 21 that seek and/or access substance use services through NJ FamilyCare (Medicaid) or any other State-funded substance use treatment program including outpatient, intensive outpatient, partial care, inpatient, residential, and detox services. The contractor shall provide specific and separate utilization management, tracking, and reporting for these services.

3.11.17 BEHAVIORAL HEALTH OUTPATIENT, INTENSIVE OUTPATIENT, AND PARTIAL CARE/HOSPITAL

Up until July, 2012, the CSA did not directly manage, provide prior authorizations, or conduct concurrent reviews for behavioral health outpatient, intensive outpatient, or partial care services. (The CSA has provided this for partial hospitalization services.) However, with legislative changes and aspects of the New Jersey Comprehensive Medicaid Waiver, the CSOC is in the process of implementing a system to more fully manage and track these services. The contractor shall provide to all youth up to age 21 covered by NJ FamilyCare (Medicaid), non-risk managed care functions for behavioral health outpatient, intensive outpatient, or partial care services including, but not limited to, prior authorizations, care coordination, utilization management, concurrent reviews, and transition planning. The contractor shall provide specific and separate utilization management, tracking, and reporting for these services.

3.11.18 BEHAVIORAL HEALTH INPATIENT AND EMERGENCY SERVICES

The contractor will provide full management of inpatient behavioral health and emergency services for children up to age 21 with NJ FamilyCare (Medicaid).

In addition, the contractor shall work directly with all of New Jersey's CCIS (Children's Crisis Intervention Services) and intermediate units who directly access the MIS, complete assessments, and refer youth to other intensities of service including out of home treatment services. The contractor will coordinate with screening centers for both incoming and outgoing referrals.

3.11.19 BEHAVIORAL HEALTH REHABILITATION SERVICES

The contractor shall fully manage all behavioral health rehabilitation services such as Intensive In-Community, Behavioral Assistance, Care Management Organization, Mobile Response and Stabilization Services, Out of Home Treatment, and any behavioral health services under the NJ FamilyCare (Medicaid) Rehabilitation Option as outlined in the New Jersey State Plan. The contractor shall provide specific and separate utilization management, tracking, and reporting for these services.

3.11.20 BEHAVIORAL HEALTH HOME

DCF/CSOC has a behavioral health home model to address behavioral health issues and chronic conditions. The provision for these services are included in the Affordable Care Act (ACA) and Federally supported. The contractor shall be responsible to provide the full management of the behavioral health home as a non-risk managed care provider.

3.11.21 HABILITATION IN-HOME INTENSIVE SERVICES

The contractor will fully manage all habilitation services such as Intensive In-Home (IIH) services. The full care coordination and utilization management functions will be required. The contractor shall provide specific and separate utilization management, tracking, and reporting for these services.

3.11.22 JUVENILE DETENTION CENTERS, PROBATION, COURTS, AND JUVENILE JUSTICE COMMISSION (JJC)

The contractor shall have specialized utilization management and care coordination processes for juvenile justice programs. This includes, but is not limited to, accepting and processing requests for bio psychosocial evaluations to be completed in detention centers and accepting needs assessments referrals from JJC including from the Special Case Review Committees. The contractor shall exchange relevant information with the juvenile justice systems and assist CSOC in connecting children/youth that require DCS/CSOC services as quickly as possible, particularly when there is juvenile justice involvement.

3.12 CARE COORDINATION

The contractor shall provide a Care Coordination Plan. The plan shall describe how the contractor will develop and maintain a care coordination system that ensures covered services are available and accessible to youth when and where the individual needs them. The contractor shall use information from the care coordination system to improve the quality of care across the DCF/CSOC service delivery system. The contractor shall provide access to services for youth who are not involved with a DCF/CSOC designated care management entity. The contractor shall include the following specific elements in its care coordination system:

- a. Referral of youth to the appropriate service provider based upon the assessed level of need. The contractor shall offer the youth and his or her family/caregivers accessing services a choice of providers (minimum of 3 providers) and sufficient information to make an informed decision regarding the provider they choose;
- b. An on-line provider database that contains demographic information as well as treatment specialties. The database shall be updated no less often than quarterly. (See Section 3.15 - Support for Network Development);
- c. Identification of youth who are in need of more intensive monitoring and support or that have high-level needs that have not been adequately addressed. The contractor shall provide or arrange for intensive monitoring for individuals identified as at risk for higher levels of need or frequent crises at levels required by this contract;
- d. Improvement in the coordination of services throughout the Children's System of Care delivery system, especially for complex cases, by facilitating discharge planning, providing care management agencies with technical assistance regarding best practices or other quality of care issues, and coordinating with DCF/CSOC designee, County and State agencies, and the general medical system. The contractor shall engage in such coordination for priority populations as established by DCF/CSOC, including, but not limited to, youth who are awaiting out-of-home treatment services in juvenile detention centers, shelters, and secure inpatient units, as well as those involved with the DCP&P system;
- e. Prior to authorizing the continuation of any covered service, review of the Individual Service Plan (ISP) to: a) confirm timely development, b) assess the adequacy and quality of care, and c) confirm that the youth, family/caregivers, all providers, and stakeholders are included in service planning;
- f. Consultation with care management entities and service providers to address issues of consistency with established clinical guidelines or to request changes in treatment plans to address a youth's unmet service or treatment needs that limit progress toward treatment and quality of life goals. The contractor shall integrate the IMDS standardized assessment tools to ensure that treatment goals are consistent with identified areas of

needs and strengths in the tools and that service delivery results in improvement in functioning as demonstrated by improvement on the IMDS assessments; and

- g. Follow-up with families and providers as needed to manage the care of each youth. This includes calling families back in addition to managing incoming calls. An average of 725 outgoing calls are made to families per month by care coordinators and last approximately 15-20 minutes.

3.12.1 CARE COORDINATION REQUIREMENTS: THE COURTS, PROBATION AND/OR THE JUVENILE JUSTICE COMMISSION (JJC)

The contractor shall develop specialized processes for care coordination and UM for youth involved with the Courts, Probation, and the JJC. These processes shall foster inter-system communication and the timely exchange of relevant information, including comprehensive assessments, to ensure access to specialized services and the efficacy of joint planning for youth and their family/caregivers involved with the Court as set forth in a Memorandum of Understanding (MOU). Specialized UM and care coordination processes for court-involved youth shall take into account timeframes established by Federal and State statutes and by the courts, as well as best practices, with respect to service access, utilization, and coordination of care. Please also refer to section 3.10.22 of this RFP.

3.12.2 CARE COORDINATION REQUIREMENTS: SUBSTANCE USE SERVICES

The contractor shall review substance use specific assessments and level of care tools including ASAM. Unlike many behavioral health services, youth accessing substance use services may not have DCF/CSOC care management services and hence may be exclusively relying on the care coordination provided by the contractor along with any care management provided by the addictions service provider. This difference means that the care coordination becomes more critical and must be more routine and consistent with follow-up. The system must comport with confidentiality and disclosure mandates and protection as outlined in 42 CFR Part 2.

The contractor shall facilitate an agreement with the Change Company® (sole source vendor) for use of the licensed LOCI assessment tool within 30 days of contract award.

3.12.3 CARE COORDINATION REQUIREMENTS: PHYSICAL HEALTHCARE SERVICES AND NJ FAMILYCARE (MEDICAID) MANAGED CARE ORGANIZATIONS

The contractor shall make a documented effort to link youth with a physical health care need and their family/caregivers to medical and/or case management for physical healthcare services.

3.12.4 HEALTH INSURANCE COVERAGE

The contractor shall determine what private insurance is available to pay for services.

As part of the contract transition and implementation the contractor shall be knowledgeable about the health care insurance system, and identify and access the health insurance that is available to pay for the services needed by youth and their family/caregivers and shall include information concerning any insurance coverage in the coordinated plan of care. As part of this system, the contractor shall create and maintain a data file of the child, youth, young adult and his or her family's available health insurance coverage. The file shall also include those elements that will allow all planners to understand the coverage available, the co-payments or deductibles and information regarding the health insurer's network of providers. For those children, youth or young adults whose health insurance includes interventions, the contractor shall develop methodologies to allow the DCF/CSOC designated care coordination entity to use the providers in the child, youth, young adult or family's health insurance network as the provider of service. For those children, youth or young adults whose service plans include interventions that may be covered under the child, youth, young adult, or family's health insurance, the contractor shall provide the insurer with a list of providers in the NJ System of Care provider network or the insurer may use its own provider that is covered by its insurance.

The contractor, within guidelines established by DCF/CSOC, shall authorize services in the plan of care, if the health insurer's network of providers is unwilling to provide the service. The contractor shall, in these cases, assist the child, youth, young adult and/or the family to appeal such decisions by the health insurer in those instances where the contractor deems that such an appeal is appropriate.

3.13 SERVICES FOR YOUTH INVOLVED WITH THE DIVISION OF CHILD PROTECTION AND PERMANENCY (DCP&P)

The contractor shall provide a service plan that describes how the contractor will establish a dedicated operational unit for youth who are involved with DCP&P. This unit shall consist of Customer Service, UM, and Care Coordination functions. The staff in the unit shall be trained to understand the unique behavioral and emotional challenges of youth that have experienced abuse and neglect, and to understand the New Jersey DCP&P system. This training shall be proposed by the contractor and is subject to the review and approval of DCF/CSOC. The unit shall interact directly with the local Clinical Liaison to establish and authorize plans of care for youth and ensure timely, flexible, and appropriate access to services.

3.13.1 DCP&P ADMINISTRATION

The contractor shall designate a managerial or supervisory employee to also serve as a DCP&P Liaison to be the primary point of contact between DCP&P Administration and the contractor for all operations issues.

3.13.2 CALL CENTER FOR DCP&P POPULATIONS

The contractor shall establish a Call Center that shall have the capacity to electronically identify youth involved with DCP&P via a database. The contractor shall establish a process within the Call Center that identifies youth involved with DCP&P and refer the calls to appropriate staff. The contractor shall make every effort to ensure that this process is automated, if possible. In the absence of an automated process, the contractor shall rely on the report of family/caregivers and professional callers.

3.13.3 CUSTOMER SERVICE FUNCTION FOR DCP&P POPULATIONS

The contractor shall develop, implement, and maintain a distinct customer service function that is responsive to youth, family/caregivers, and professionals involved with DCP&P and the unique service needs of these youth and their family/caregivers.

The contractor's customer service shall ensure that information, referral, triage, and authorization of services are responsive to emergent needs of youth. The contractor's customer service shall be sufficiently flexible to accommodate the needs of a challenging youth population with exigent circumstances.

At a minimum, the contractor shall provide the following as part of customer service:

- a. Dedicated staff resources that are trained and knowledgeable of DCP&P process, protocols, and procedures and the DCP&P population;
- b. A referral process that coordinates with existing DCP&P caseworkers and other individuals and agencies involved with the child, youth, or young adult;
- c. Maximized the utilization of resources available to this targeted population; and

- d. Bi-lingual/multi-cultural staff during regular business hours and the availability of an interpreter service 24/7.

3.13.4 UTILIZATION MANAGEMENT FOR DCP&P POPULATIONS

The contractor shall, in consultation with DCF/CSOC, establish a specialized UM unit to manage access to care and utilization of services for youth in the custody, guardianship, or supervision of the DCP&P system. This specialized UM unit shall be specially trained in DCP&P practice and the State's child welfare system in order to facilitate successful interactions with families involved with DCP&P and DCP&P professionals. This specialized UM unit shall be responsible for determining clinical need for service in a timely manner, authorizing services appropriate to the child, youth, or young adult's need, and reviewing utilization for youth to ensure that they are receiving services that are adequate given their level of need. The specialized UM unit shall interact directly with clinical liaisons and other DCP&P staff to assist in establishing plans of care for youth with behavioral health challenges, intellectual/development disabilities, and substance use needs, and providing expedited review where needed to establish services. UM practices shall take into account Federal (e.g. CFSR), State and court timeframes, as well as best practices, for services access, utilization, and care coordination.

3.13.5 CARE COORDINATION REQUIREMENTS FOR DCP&P POPULATIONS

The specialized UM unit shall provide all UM and Care Management services for youth enrolled in the DCP&P system. This workflow shall ensure that youth involved with the DCP&P system receive access to needed services, and that these services are coordinated across systems.

The contractor shall assist DCF/CSOC designated DCP&P professionals including Registered Nurse (RN), Advanced Practice Nurse (APN), Licensed Clinician and Case Workers, in accessing appropriate services for the youth they are caring for, and assist them in identifying strengths and needs for the child, youth, and young adult and appropriate services to be included in the plan of care. Additionally, the contractor shall provide a process for a plan of care approval that is user friendly for DCP&P professionals and that takes into account the difficulties specifically applicable to serving youth in the DCP&P system.

The contractor shall engage in regular reviews of the DCP&P population for both over and under-utilization. The contractor shall propose a process whereby DCF/CSOC is alerted to such over-and-under-utilization at regular intervals (no longer than quarterly) to ensure that services are properly and effectively delivered based upon the strengths and needs of each individual youth. This information shall be included in the Outlier Management process.

3.14 QUALITY AND OUTCOMES MANAGEMENT AND SYSTEM MEASUREMENT PROGRAM

Throughout the term of this contract, at no additional cost to the State, the contractor shall explore and implement continual improvements and innovations for the purpose of improving efficiency, accuracy, timeliness, accountability, effective communication, and customer satisfaction that support DCF/CSOC's goal of implementing a data driven system.

The contractor shall annually, no later than January 30th, provide an Outcomes Management and Quality Improvement Plan based on performance from the previous contract year. The plan shall be specific and include quantitative and qualitative measures of performance, along with quarterly and annual targets for performance. Plans shall be subject to review and acceptance by DCF/CSOC.

The contractor shall provide an Outcomes Management and Quality Improvement Plan that includes but is not limited to the following:

- a. Call center performance in answering calls;
- b. Youth and family/caregivers satisfaction of the child welfare system clinical liaisons and other DCP&P staff;
- c. Reliability and timeliness of service decision making processes;
- d. Service utilization including trends; outliers, length of stay in each service;
- e. Racial and ethnic disparities (e.g. under-utilization of services by particular racial/ethnic groups);
- f. Disproportionality (e.g. over-utilization of OOH services by racial/ethnic minorities); network adequacy;
- g. Costs of services provided (by type of service, average cost per child and in the aggregate);
- h. Attainment of positive outcomes by service line and system-wide, including clinical and functional outcomes and system-wide outcomes, such as utilization of OOH services. Performance shall be measured for the System of Care as a whole and for each provider individually including both pin-in-time and longitudinal outcomes; and
- i. Evaluation of supporting documents for system decision making i.e. BPS, OOH Referral Request, and Clinical Template.

The contractor shall implement within twelve (12) months of the contract start date and henceforth maintain a formal outcomes assessment process that is standardized, reliable, and valid in accordance with industry standards. The contractor shall submit to DCF/CSOC a report on its outcomes and assessment process for approval. The contractor shall develop and implement outcome measures with input from the participating youth, family/caregivers and other stakeholders. The contractor shall report to DCF/CSOC the results and findings of its outcome measures compared to the expected results and findings including performance improvement efforts and activities planned and taken to improve outcomes.

The contractor shall collect outcomes and quality data, ensure accuracy of data and conduct data analysis. The contractor shall participate in the review of quality improvement findings and

shall take action as directed by DCF/CSOC to improve the quality of care within the system of care.

The contractor shall participate in developing, implementing, and reporting on performance measures and topics for Performance Improvement Projects (PIPs), required by other State or federal agencies, including performance improvement protocols or other measures as directed by DCF/CSOC. The contractor shall report to DCF/CSOC the National Outcome Measures and other data required for SAMHSA Block Grant and any Federal discretionary grants in which DCF/CSOC may participate in.

The contractor shall provide quarterly customer (e.g. child, youth, young adult, and other stakeholders, such as providers and DCP&P liaisons) service satisfaction reports to DCF/CSOC, based on valid statistical sampling of callers who have contacted the contractor, and provide to DCF/CSOC a method of direct caller contact which can be used to validate contractor sampling of callers.

The contractor's Quality Management Program shall apply the PDCA Cycle approach (Plan, Do, Check, Act) and shall include processes for the ongoing monitoring, measurement, and reporting of performance improvement activities, including the effect of performance improvement activities on covered behavioral health service delivery and youth outcomes.

The contractor shall have a sufficient number of qualified personnel to comply with all Quality Management requirements in a specified time frame (as determined by DCF/CSOC).

3.14.1 AUDIT REVIEWS

The contractor shall evaluate risk management practices, internal control systems, and compliance with regulatory (State/federal) as well as contractor internal corporate policies as part of a well-planned, properly structured audit/review program.

At a minimum, audit reviews shall include:

- a. Financial – The contractor shall have an independent financial audit performed annually and submitted to the State within 120 days of the end of the contractor's fiscal year.

This audit must be performed by a New Jersey Certified Public Accountant in accordance with Generally Accepted Audit Standards (GAAS) and/or Government Audit Standards (GAS) and by an organization approved by the State;

- b. Information System –The contractor shall conduct a periodic examination of the controls within its Information Technology (IT) infrastructure. This review shall address IT risk exposures, obtain and review evidence of the safeguarding of IT assets, the maintenance of data integrity and security, the effective and efficient achievement of the contractor’s stated IT obligations as part of the contract. This audit shall be performed by a New Jersey Certified Public Accountant, Certified Information Systems Auditor or certified professional approved by DCF/CSOC; and
- c. Operational – The contractor shall have an independent operational audit of the contractor’s operations performed bi-annually. This audit must focus on the adequacy of internal control procedures, effectiveness and efficiency of operations and other safeguards against fraud and theft. This audit must be performed by a New Jersey Certified Public Accountant or certified professional in accordance with GAAS and/or by an organization approved by the State.

These reviews may also be performed in conjunction with a financial statement audit. If performed as part of the contractors’ Internal Audit, or other form of attestation engagement, a report should be provided to the State.

3.14.2 AUDITING

The contractor shall comply with all State and federal Audit review requirements or requests. The State may conduct its own audits whenever it chooses and the contractor shall allow access to its facility and system at any time, with or without prior notice, to State, federal, or other personnel authorized by DCF/CSOC for site inspections, audits or other purposes. These authorized personnel shall have unlimited access to all systems, records and areas, and personnel of the contractor.

3.14.3 CORPORATE AND FISCAL RECORDS TO BE PROVIDED TO THE STATE

The contractor shall operate according to standard accounting principles and shall maintain standard accounting records including corporate balance sheets, statement of income, quarterly income statements and annual audits or annual budget reports for inspection by the State, upon request, at no cost to the State. The contractor shall provide the State with a copy of its annual report to shareholders.

The expenditures for the contractor operations shall be provided to the CSOC Director quarterly, due by 30th day after the end of each quarter and annually, due March 1st or with Annual Financial Reports (whichever is earlier), and shall show funds expended, in CSOC Contract Annex B format (copy of form can be found on: www.state.nj.us/dcf/contract/forms/index). Budget information shall be presented in a budget format, by separate category and detailing, including but not limited to, salaries and wages, fringe, consultant and other professional, material and supplies, other costs e.g. facility lease, utilities, equipment costs and maintenance, hardware and software costs and maintenance, G&A allocations etc.

The annual budget for the contractor operations shall be provided to the CSOC Director on or before March 1st or with the Annual Financial Reports (whichever is earlier), and shall show budgeted amounts, in CSOC Contract Annex B budget format, by separate category and detailing, including but not limited to, salaries and wages, fringe, consultant and other professional, material and supplies, other costs e.g. facility lease, utilities, equipment costs and maintenance, hardware and software costs and maintenance, G&A allocations etc.

3.15 COMPLAINTS, RECONSIDERATIONS, AND APPEALS

The contractor shall provide a Complaints, Reconsideration, and Appeals Plan. With respect to Complaints and Reconsiderations, the plan shall describe how the contractor will implement a process to address general concerns about the quality of service or other aspects of the system and disputes regarding the termination, reduction, suspension, modification or denial of services that require authorization by the contractor. The goal of the Complaints and Reconsiderations processes is to encourage and permit the early resolution of disputes. With respect to appeals, the contractor's plan will describe how the contractor will provide families/caregivers with information about the formal appeal process. In addition, the contractor will be responsible for working with the respondent agency in preparing for the appeal (DMAHS in DHS for Medicaid Fair Hearings and CSOC in DCF for all other appeals), e.g., providing necessary information to the agency and assisting in responding to discovery requests from the appellant and providing witnesses.

3.15.1 COMPLAINTS

The contractor shall provide a complaint resolution process for youth and their family/caregivers receiving services through DCF/CSOC. The process shall track through the Customer Service Help Desk all complaints received via phone, correspondences, e-mail etc., by the contractor for services delivered under this contract, even if the contractor may not be responsible for the ultimate resolution. The contractor shall document the complaint as well as any quality of

service issues indicated. The process shall seek a resolution of the complaint within five (5) business days and a complete investigation and report within thirty (30) business days. (See Customer Service Help Desk Section 3.10.8).

The process also shall provide the ability for transferring calls to a supervisor or senior staff person for the purpose of resolving a call, which needs more adept handling (i.e. expertise or difficult caller or complaints regarding specific program personnel).

If the complaint involves a concern about the quality of services in the system, the first step in the complaint process is for the family to address the issue at the local level, i.e., with the person or agency that the family has a concern about. If the concern is not resolved at the local level, then the family may submit the complaint in writing to the contractor for further resolution efforts.

If the complaint implicates an appealable issue involving the termination, suspension, reduction or denial of services, then the contractor will advise the family of the availability of reconsideration and the applicable formal appeal process as set forth by law and DCF/DCSOC policy (e.g., a Medicaid Fair Hearing, a contested case hearing at OAL other than a Medicaid Fair Hearing, or the DCF/CSOC dispositional review process).

3.15.2 RECONSIDERATION PROCESS

The State's reconsideration is a process designed to resolve issues without the need for a formal hearing. The reconsideration process may occur at one of two points in time: 1) in response to a complaint that implicates an appealable issue involving the denial, termination, suspension or reduction of services requiring authorization by the contractor or 2) in response to a formal request for appeal when reconsideration of the disputed issues has not already been done. If reconsideration is done in response to a complaint, then the first step in the reconsideration process is a local review by the Child Family Team, including the Care Manager. If that level of review does not resolve the issue, then the contractor shall provide an internal reconsideration process. (Those processes are further described in sections 3.15.3 and 3.15.4, below).

Reconsiderations initiated in response to formal appeals shall begin with the DCF/CSOC level reconsideration process. Formal requests for appeals will be submitted to the CSOC. If the request is for a Medicaid Fair Hearing, then CSOC will forward the request to the Division of Medical Assistance and Health Services in the Department of Human Services for transmittal to

the Office of Administrative Law. In such cases, the reconsideration process is automatic and CSOC will advise the contractor of the need to begin the process unless it had been done prior to the appeal being filed. In appeals other than Medicaid Fair Hearing requests, reconsideration must be requested by the appellant. In those cases, the CSOC shall advise the appellant of the availability of reconsideration and the process for requesting reconsideration from the contractor.

The contractor shall send a letter acknowledging receipt of a request for reconsideration to the complainant and provider within one (1) business day. The contractor shall also take all steps necessary to ensure that the complainant fully understands the processes and timeframes involved throughout the reconsideration process, as well as his/her rights and responsibilities in these steps. If a Family Support Partner is currently involved with the family/caregiver, they are included at all levels of the process, to help facilitate family/caregiver participation and understanding of the process.

If a youth is receiving the disputed service(s), the contractor shall ensure that the child, youth, or young adult's benefits are continued at the disputed level of need as required by law and/or DCF/CSOC policy.

3.15.3 LOCAL REVIEW PROCESS

Where the issue cannot be resolved through the local review process, the contractor shall send a letter within one (1) business day to the family/caregiver and provider identifying the intensity of service authorized. This letter shall describe the reason for the decision and shall advise the family/caregiver of the opportunity to request a formal appeal (depending on the type of appeal, a Medicaid Fair Hearing, an Office of Administrative Law hearing other than a Fair Hearing, or a DCF dispositional review) or continue with the DCF/CSOC reconsideration process.

All discussions, consultations, reviews, and actions taken during the local process shall be documented in the database tracking system, and may be utilized in later stages of review in the DCF/CSOC reconsideration process and/or formal appeal process.

3.15.4 CSOC RECONSIDERATIONS

Where the DCF/CSOC reconsideration is initiated, the contractor shall provide a minimum of two levels of review. The two minimal levels of review shall be by the contractor's Clinical Director and second by the contractor's Medical Director. All reconsiderations shall be documented and tracked. The review shall include a review of all relevant information, and, as necessary, a telephonic review with the provider/care management entity and family/caregiver at a mutually convenient time.

Full information regarding the rationale for the review and decision shall be made available to the individual requesting the DCF/CSOC reconsideration. Decisions on reconsiderations shall be provided by the contractor in writing to whomever is requesting the reconsideration.

The contractor shall attempt to resolve the disputed issue within five (5) business days of the start of the CSOC-level reconsideration. A reconsideration decision must be made within 30 days of the beginning of the reconsideration process unless all parties agree to continue the process, except that expedited reconsiderations must be reviewed and a determination made within 24 hours.

At the completion of the review by the contractor's Clinical Director, the contractor's Care Coordinator (CC) is informed of the decision, and shall authorize services if the decision has been reversed.

Within two (2) business days of the determination, the contractor shall provide verbal and written confirmation of the decision to the requestor and the provider/care management entity. The written decision shall describe the rationale for the review and the decision. At a minimum, the written decision shall include:

- a. Date of filing of reconsideration request;
- b. Name and identifier of complainant;
- c. Description of the substance of the issue;
- d. Description of the action taken by the DCF/CSOC to resolve the issue;
- e. The outcome of the reconsideration process, and
- f. When the reconsideration was not initiated in response to a formal appeal, information on pursuing a formal appeal if the requester is not in agreement with the outcome.

When the reconsideration process is initiated in response to a formal appeal, the contractor shall also send the written decision to the designated CSOC staff and, in the case of Medicaid

Fair Hearings, to the State Medicaid, Office of Legal and Regulatory Liaison (OL/RL). In addition, the contractor shall provide CSOC with a copy of any reconsideration cases involving alleged discrimination, and any other cases requested by CSOC.

The contractor shall log the receipt and outcome of every CSOC reconsideration and formal appeal into the database tracking system, which includes, but is not limited to, the following information:

- a. Date and time that the contractor received a request for reconsideration or was notified by CSOC that a Medicaid Fair Hearing was requested, as applicable;
- b. Name and identifier of complainant, including DCF/CSOC MIS number;
- c. Substance of request, actions taken, and department or staff to whom the request was routed;
- d. Date of decision;
- e. Date written decision sent to requestor and CSOC, if applicable; and,
- f. Date of Medicaid Fair Hearing or other formal appeal.

3.15.5 CONTRACTOR RESPONSIBILITIES IN THE CSOC RECONSIDERATION PROCESS TRIGGERED BY A REQUEST FOR A MEDICAID FAIR HEARING

When reconsideration is triggered in response to a request for a Medicaid Fair Hearing, the contractor has the following responsibilities related to the reconsideration process in addition to those set forth within Section 3.14.5. During the reconsideration process, the contractor shall work with the OL/RL and shall forward information to the OL/RL surrounding the issue, including, but not limited to:

- a. Date of filing of request (if completed with the assistance of the contractor);
- b. Name and identifier of complainant;
- c. Description of the substance of the issue;
- d. Description of the action taken by the DCF/CSOC to resolve the issue;
- e. The resolution offered by the contractor in an informal attempt at resolution; and

- f. Any other information requested by the OL/RL.

If the determination is acceptable to all parties and the family/caregivers and/or provider opts to withdraw the request for a Medicaid Fair Hearing, a written statement of this request must be made to the Medicaid OL/RL by the requestor of the Medicaid Fair Hearing as soon as possible. In such cases, the written decision shall include a notification that the Medicaid Fair Hearing process shall continue unless the requestor notifies the OL/RL of the resolution of the matter and withdraws the request for a Fair Hearing, in writing. In addition, the authorization should be sent to the Medicaid Fiscal Agent within five (5) business days of the determination.

In situations when the DCF/CSOC reconsideration determination is not agreeable to all parties and there is no resolution, the fair hearing moves forward.

Whether the reconsideration determination is acceptable to all parties or if the matter proceeds to a fair hearing, the contractor should do the following:

- a. Conduct and complete a full investigation of the incident to identify relevant improvement opportunities in addition to the areas of responsibility related to the incident. Based on the information obtained, the contractor develops an appropriate corrective action plan; and
- b. Make recommendations to DCF/CSOC based on the findings of their investigation.

3.15.6 APPEALS

All formal requests for appeal will be submitted to DCF/CSOC for initial processing. The contractor shall develop a system for responding to DCF/CSOC requests for information regarding whether the reconsideration process was attempted regarding the disputed issue before the appeal was filed. The contractor will develop a system for obtaining and tracking information on the status of appeals from DCF/CSOC or DHS/DMAHS as appropriate. The contractor shall provide all relevant documentation and records to the responding agency (DMAHS in Medicaid Fair Hearings and CSOC in all other appeals) and assist the agency in responding to discovery requests.

3.16 SUPPORT FOR NETWORK DEVELOPMENT

The contractor shall provide a Network Development Plan that describes how the contractor will provide administrative and technical support to DCF/CSOC for organizing and developing a comprehensive network of service providers and community resources, designed and contracted to deliver care that is strength-based, family focused, community-based, and culturally competent.

The contractor shall provide the following support for provider network development:

- a. Maintain a comprehensive and accurate database of all current service providers as set forth below;
- b. Pay special attention to linguistic and other communication needs of a youth or his or her family/caregivers and notify DCF/CSOC with a quarterly analysis of when cultural or linguistic appropriate providers are not available to meet the needs of youth, and their family/caregivers in a geographic area;
- c. Provide a quarterly analysis of provider availability based upon geography (including zip code or community level);
- d. Provide a quarterly "gap in service" analysis which analyzes service requests and service availability to identify areas where service gaps exist;
- e. Annually assist DCF/CSOC in conducting a system sizing analysis including providing data analysis and data support for DCF/CSOC review;
- f. Report on a monthly basis when providers are not available to youth and their family/caregivers in accordance with DCF/CSOC defined timeframe standards. DCF/CSOC reserves the ability to change timeframe standards based on a youth and family/caregivers need; and
- g. Train and support all network providers on all MIS functions relevant to the contractor referral process, paper and electronic service submission(s) and approval processes. This effort shall include follow-up opportunities for providers to assure their ability to utilize the MIS.

3.16.1 SERVICE PROVIDER DATABASE

The contractor shall develop and maintain a statewide service provider database. The database shall include demographic information of providers, provider specializations, including certifications, specialty populations or cultural and linguistic capabilities that shall assist the users of the database with identifying a choice of appropriate providers for the identified service. The database shall be updated no less often than quarterly. The database shall also contain information regarding name, address, location, telephone numbers, and hours of operation. Providers should be given the ability to update their profiles electronically. At the time of initial implementation, the State will transfer a data file to the successful bidder with the current available data.

3.17 MANAGEMENT INFORMATION SYSTEM (MIS)

3.17.1 OVERVIEW OF MIS

The contractor shall provide a comprehensive MIS Project Plan that describes how the contractor will provide a computerized MIS that supports the operations and service needs of the DCF/CSOC. The contractor shall develop, maintain, and update, as necessary, the MIS Project Plan that includes all MIS work necessary to successfully transition from the existing MIS system to the new contractor's MIS system and ongoing operations of the contractor program.

Contractor shall make available to the State as they become available, any new features and/or functionalities available to other clients of the contractor as part of the bid proposal (at no additional costs to the state).

DCF/CSOC does not seek to jointly build and develop a new MIS system, but to have the contractor provide an existing MIS that meets all contract requirements including the flexibility to be customized and modified to meet changing program requirements. The contractor shall incorporate enhancements into the MIS system as needed in a timely manner.

The contractor shall host, implement, support, and maintain the MIS. The contractor shall provide training to all MIS users and State staff, both functional and technical, prior to MIS implementation. New users should be trained on a regular basis (ongoing). MIS training can be provided through various modalities such as on-line training, train the trainer sessions, formal training sessions, etc. (see Section 3.16.12 MIS Training and Knowledge Transfer Plan). The contractor shall enhance and modify the MIS throughout the term of the contract as needed to incorporate process changes, to address usability issues, organizational changes, Federal/State regulation changes, programmatic changes and technological changes. The contractor shall provide technical and functional training related to any system changes on an ongoing basis.

The contractor's training should be designed to meet user's level of experience with MIS. As an example, training for new MIS users should be very concrete and easy to follow.

The contractor's MIS proposal must be reviewed and approved by the New Jersey Office of Information Technology (OIT), DCF/CSOC, and DHS.

3.17.2 PROPOSED SCHEDULE OF THE MIS

The contractor shall meet the guidelines as specified in Section 3.18.2 - Timeline and Deliverables.

3.17.3 CONTRACTOR LOGISTICS

The contractor shall provide a total MIS solution which includes, but is not limited to, providing all MIS hardware, software, and infrastructure needs that shall be utilized by the contractor's staff in order to perform work. This includes all PCs/laptops, software, software licenses, personal hardware, network connections, and telephony infrastructure.

The contractor shall provide a core group of technical staff to be located in New Jersey to ensure coordination, communication, and face-to-face interaction with DCF/CSOC and the provider community.

3.17.4 BUSINESS REQUIREMENTS

The contractor's MIS shall support the business requirements that are needed to operate the DCF/CSOC programs. The MIS shall function as the common single point of entry for all youth entering the System of Care, including but not limited to youth that are already involved with the DCP&P system. In recent years, DCF/CSOC has undergone a series of programmatic changes to strengthen its effectiveness, and it is expected that further adjustments, modifications, and changes shall continue into the future. The use of MIS automation to implement the program directives is an essential component of program administration; therefore, the MIS shall accommodate business changes and program enhancements that may occur at any time during the contract.

3.17.5 MIS TECHNICAL REQUIREMENTS

The contractor's MIS shall be implemented as a Service Oriented Architecture system accessed via the internet using Internet Explorer at a minimum. The ability to use more browser types is an added benefit and is encouraged. The MIS must be backwards compatible with the most current version of Internet Explorer within 12 months of the release of the updated version of Internet Explorer and which can be supported by the State's version. The MIS shall be a web-based computer application meeting all HIPAA, federal and State legal and regulatory, 42 CFR

Part 2, and DCF/CSOC functional requirements, and it shall comply with State, and federal privacy requirements (i.e., protect Social Security numbers) and shall be compliant with the Americans with Disabilities Act (ADA). The MIS should be browser agnostic to accommodate for browser preferences of the user.

The contractor shall provide a plan for the MIS to be easily ported for mobile devices and identify the operating system that the mobile system will be compatible with. The plan must indicate how all security issues will be addressed.

The MIS shall be a “write it once” system such that it shall provide for data entry from multiple screens and that data shall self-populate and pre-fill other screens where that data field is specified. Therefore, data shall be carried throughout the system. This “write it once” methodology must be an inherent component of the MIS. In addition, the contractor shall:

- a. Host the MIS and all data, and assume the costs for hosting the system and costs for systems maintenance;
- b. Provide advanced data analysis capabilities to assist DCF/CSOC with planning processes, monitoring service delivery, ad hoc reporting and scheduled reporting;
- c. Provide a detailed specification for data conversion and initial load of data to the MIS system. See Section 3.16.9 - MIS Data Conversion Plan for more detail;
- d. Provide a data transfer after the initial conversion to a server on the State network. See Section 3.16.9 - MIS Data Conversion Plan for more detail;
- e. Meet all State reporting requirements and provide access to all data on a 24-hour a day, seven (7) days a week basis for ad hoc and scheduled reporting. See Section 3.16.11 - MIS Report, Forms and Notice Plan for more detail;
- f. Provide the system’s capacity to support the operations of the contract;
- g. Provide a contractor website;
- h. Provide access to online policy manuals on a 24-hour a day basis;

- i. Provide access to an IT Help Desk on a 24 hour a day basis;
- j. Provide an Electronic Medical Record that safeguards the confidentiality of information as required by law, including but not limited to HIPAA, 42 CFR Part 2, and N.J.S.A. 30:4-24.3;
- k. Provide an Information Management and Decision Support (IMDS) standardized assessment tools to establish appropriate level of need for each child, youth or young adult accessing care electronically via the website. (Refer to section 2.2 for definition of IMDS);
- l. Eliminate the need for users to input complex codes for information data entry;
- m. Eliminate the need to navigate multiple screens and have multiple sessions open to view case information;
- n. Allow for the entry of case narrative as word processing text stored in the database in an easily retrievable format;
- o. Provide for a maximum five (5) second response time for users to access a data entry or inquiry screen;
- p. Provide for a maximum five (5) second response time to process a data entry or inquiry screen;
- q. Provide reliability of the system such that the response time standards described above are met for each screen at a minimum of 98% of the time;
- r. Provide for access by multiple end users at multiple distributed sites (approximately 1000 concurrent users at any one time and more than 20,000 individual users will have access to the system);
- s. Provide connectivity and communications between the MIS and the State's existing LAN/WAN infrastructure as described in the New Jersey Shared IT Architecture found at: <http://www.state.nj.us/it/ps/>;
- t. Interface with State systems as outlined in Section 3.17.10 - MIS Data Interface Plan;

- u. MIS must be supported by contractor staff such that any new functionality and DCF/CSOC modifications of the baseline application are provided to users within 90 days of the DCF/CSOC advising the contractor of the need for the new functionality or modification;
- v. Provide electronic feedback capability such that users of the MIS may comment on the functionality of the MIS;
- w. Track provider referrals, authorizations and costs related to those authorizations in a way that supports DCF/CSOC' fiscal accountability;
- x. Support a Customer Service Help Desk, which registers, categorizes, and tracks problem and follow-up inquiries from providers, stakeholders, youth, family/caregivers and other stakeholders;
- y. Support a Call Center that requires the retrieval and input of data from the MIS on a 24/7/365 basis;
- z. Provide a service provider database, which includes, and is not limited to, demographic information, specializations, specialty population, cultural and linguistic capacities of the providers. See Section 3.15 - Support for Network Development for more details;
- AA. Provide Geographic Information System (GIS) and mapping of community and provider locations that can be accessed by youth, family/caregivers and stakeholders via the website;
- bb. The MIS system shall accept and update data through an automated process from a variety of sources to support the contractor operations as outlined in the RFP, including data that is received via telephone, fax, direct system input, real time Application Programming Interface (API), and/or batch load and shall enter it into the MIS database; The contractor and the State IT Project Management Team (PMT) in conjunction with the DCF/CSOC shall design and approve data input forms;
- cc. The contractor's MIS database system shall be no less than the State's current version of Oracle. DCF/CSOC data base is currently Oracle (11gr2);
- dd. The contractor shall develop, implement, and support interface methodologies consistent with infrastructure and software current in place at the State (i.e., task manager, safe server) and ensure that security standards are adhered to when loading and transferring data to the State housed reporting database within a State defined format;

- ee. The contractor shall ensure that all automated technical processes (i.e. data transfer report creation) must have monitoring in place to identify and alert system administrators when processes fail (and a plan for follow through); and
- ff. The contractor shall build and transfer specialized reporting views or tables of data on a nightly, weekly, and monthly basis, at DCF/CSOC's discretion to a State server so DCF/CSOC can develop and implement reports. See Section 3.17.11 – MIS Reports Forms and Notice Plan.

3.17.6 MIS PROJECT MANAGEMENT AND REQUIREMENTS

This contract provides for a period after contract award to allow the contractor to prepare for the transition to the new contractor operations, which includes the transition to a new MIS system.

In preparation for this transition, the contractor and DCF/CSOC shall establish a Transition and Implementation Team comprised of management, technical, and operational staff from DCF/CSOC and the contractor. In addition, DCF/CSOC shall establish an IT Project Management Team (PMT) comprised of management and technical staff from DCF/CSOC to work with the contractor specifically overseeing the MIS transition and implementation. The PMT shall report to the SCM or designee and shall be part of the contractor Transition and Implementation Planning Team, which has overall responsibility for oversight of complete transition to the new contractor. (See Section 3.19.4 - Establish a Beginning-of-Contract Transition and Implementation Planning Team for more detail).

The PMT shall provide project management and minimal implementation staff support.

The contractor shall fully staff for management, implementation, and technical needs. The contractor shall provide a project update to the Transition and Implementation Team no less than once a week during project implementation, or more frequently as requested by DCF/CSOC.

The contractor shall perform the following activities related to the transition from the incumbent contractor's MIS to the new MIS:

- a. Develop, update, and maintain a project plan and manage the transition to the new MIS using that plan;

- b. Design, develop, test, and execute a conversion program to successfully convert data elements from the existing dataset into the contractor's MIS;
- c. Design, develop, test, and successfully implement the required interfaces; as per DCF/CSOC approval;
- d. Design, develop, test, and successfully implement all required reporting functionality;
- e. Train all end users on the use of the MIS; and
- f. Provide technical training and knowledge transfer to State technical staff.

3.17.7 REQUIREMENTS

The contractor shall develop the following MIS plans as part of the overall Beginning-of-Contract Implementation and Transition Plan as described in Section: 3.19.3. The plans must be submitted to the SCM or designee for approval by DCF/CSOC prior to implementation. Once the plans are approved, the contractor shall perform tasks in accordance with the RFP and within agreed upon timeframes. All plans shall be incorporated by reference into this agreement, and shall be the contractual responsibility of the contractor to complete.

The contractor shall provide an organizational chart for IT staff that includes staff names, titles, function, reporting relationships, contact information, and where personnel are geographically located. The chart shall identify personnel that are dedicated to the State implementation, and operations and positions that are shared with other customers. It shall also include the number of additional staff that will be hired and whether they are dedicated to the State or shared with other customers. If shared with other customers, the contractor shall provide the percentage of time the staff is dedicated to this contract. Throughout the life of the contract, the contractor shall communicate to DCF/CSOC (within 48 hours) any changes in IT staffing and provide an updated organizational chart weekly.

3.17.8 MIS PROJECT MANAGEMENT

The contractor shall provide project management services as follows:

- a. Management of the contractor staff involved in the transition of the MIS;
- b. The MIS Project Plan shall include all work, program startup, design, development, testing, transition and implementation, and post implementation support needs for both

the contractor's staff and State staff assigned by DCF/CSOC. The contractor shall maintain and update the MIS Project Plan as necessary, and shall make the MIS Project Plan available to DCF/CSOC on request. The contractor shall not maintain a version of the MIS Project Plan that is solely internal to the contractor;

- c. Managing the contractor's team to achieve the MIS Project Plan's timelines, goals, and deliverables;
- d. Coordinating with the management of the CSOC PMT to allow the CSOC PMT to ensure that State staff complete all tasks as directed by the PMT; and
- e. Develop, maintain, and update as necessary the following:
 - 1. Pre-Implementation Checklist – This document shall identify all items required to be complete before the beginning of implementation of the new MIS, and shall be used to verify that all the necessary work is complete before implementation commences;
 - 2. Implementation Checklist – This document shall identify all items that must be complete during the implementation process to ensure a successful implementation; and
 - 3. MIS Operations Startup Checklist – This document shall identify all items that must be complete beginning immediately after implementation as the contractor transitions the MIS into operational status.

All plans, checklists, and other documents are subject to the review and approval of DCF/CSOC, as is the manner in which the contractor performs the responsibilities outlined in the contract and the specified plans, checklists, and other documents. Should disagreements arise between contractor IT staff and the CSOC PMT, those disagreements shall be escalated for resolution through each organization's respective reporting structure, ultimately reaching the Director of CSOC, and the contractor employee overseeing the entire contract. Should those disputes remain unresolved after that process, the Director of CSOC retains ultimate authority to decide the outstanding issue or question.

3.17.9 MIS CONVERSION PLAN

The contractor shall convert the data from the incumbent contractor's MIS into the new MIS. The DCF/CSOC has one (1) full-time employee (FTE) to assist with the data conversion effort. DCF/CSOC will consult with the new contractor regarding what data the contractor believes is necessary for the contractor process and MIS. Based on that consultation, DCF/CSOC shall determine which data fields require conversion.

Based on the determination regarding which fields shall be converted, the contractor shall develop and execute a Data Conversion Plan to convert data from the existing MIS to the new MIS. The PMT shall work with the incumbent contractor to clarify any issues that may arise concerning existing data. The Data Conversion Plan must be approved and agreed to by OIT, DCF/CSOC and all other State agencies involved in the system.

The contractor shall develop a Data Conversion Plan that includes the following:

- a. The contractor shall obtain DCF/CSOC electronic data and electronic data files from the incumbent contractor's system, including all of the estimated 203,000 case files (number reflects the caseload as of June 2013), convert the data specified by DCF/CSOC into a format that is usable in the contractors' MIS and transfer that data to the MIS;
- b. The contractor shall analyze the existing dataset from the incumbent contractor and identify the correct mappings from fields in that dataset to the new MIS;
- c. The contractor shall develop a conversion program based on those mappings that shall transfer the data from the existing dataset to the new MIS, maintaining all necessary relationships and interdependencies;
- d. The contractor shall verify the accuracy of the data by using data certification, review reports, data counts, and reasonability checks;
- e. The contractor shall perform the data conversion as an iterative process, developing mappings and the conversion program initially, running the program and verifying the accuracy of the results, and then repeating that process on as many occasions as necessary to achieve the error rates that are required;
- f. Once data are converted, the contractor shall provide full export of its database to a State-designated server via secure file transfer or other acceptable method compliant with the State's Secure FTP protocol. Periodic full-load updates to the data shall be provided, as determined by the State. The first dataset must be received immediately prior to deployment of the system. The frequency of interim updates shall be determined by DCF/CSOC;
- g. The contractor shall share with and train State technical staff on the MIS' data structures, logical data model, physical data model, data fields functional definitions as well as data fields location and usage in the system [this includes where in the workflow the data is used, where data is used in the Graphic User Interface (GUI) and how it is used in the data model.
- h. The contractor shall develop and deliver a report that specifies how current electronic data shall be mapped to the contractor's MIS screens;
- i. The contractor shall have access and the ability to configure an SFTP Server for use in data transfer activities between the CSOC, State Agencies, DMAHS's Fiscal Agent, and/or system partners;
- j. The contractor shall provide the logical data model, physical data model, list of the schemas, the storage requirements for the system, and version of Oracle used as the

database software. The contractor shall provide a data dictionary, including technical attributes and functional definitions, which is available to State technical staff as well as the layout of the transferred system. The layout shall be in descriptive functional terms rather than technical terms [i.e., field one (1) being named ASC_CVS_MVS].

- k. The contractor shall develop and deliver a report submitted to DCF/CSOC through the State Contract Manager that details the conversion mapping for each table and field and the corresponding use of the workflow, GUI, and data model; and
- l. The contractor shall provide DCF/CSOC with a detailed specification for the conversion that shall explain how the system is loaded. The specification must include the data model, data dictionary as well as any data load requirements that need to be met in order to successfully load the initial dataset from the current system in place (data sequence, table layouts, etc.).

3.17.10 MIS DATA INTERFACE PLAN

The contractor shall work with the SCM or designee to coordinate design, development, and test activities with State technical staff administering the systems that require interfaces. The contractor shall work with appropriate State technical staff administering the systems in order to assist with the design of each individual interface. The contractor shall develop a plan for the design, development, testing and deployment of the required interfaces, which shall be subject to the review and approval of DCF/CSOC. State technical staff shall provide detailed knowledge of the specific, existing State systems interfaces. The contractor shall document the interface designs including identifying areas at risk for change. Once approved by DCF/CSOC, the contractor shall be responsible for executing and overseeing the MIS data interface plan in a timely fashion.

The contractor shall develop a Data Interface Plan that includes the following:

- a. The contractor's MIS system shall replicate all existing interfaces currently supporting the contractor operations. This includes interfacing with the State Fiscal Agent (MOLINA), NJ FamilyCare (Medicaid) systems, State Agencies, and any other contractor interfaces that exist at the time of the award. The contractor shall build interfaces that exchange between the contractor's MIS and the partner systems all information that is currently exchanged;
- b. DCF/CSOC may require the contractor to establish new interfaces with other management information systems. The plan must indicate the ability to respond to new requests for interface capabilities;
- c. The contractor shall develop all interfaces required for the contract. The contractor shall develop the interfaces to work operationally with the State-identified systems. The design is not considered final until the system test of the interface demonstrates that it

works seamlessly with the interfaced systems. An interface that accurately exchanges data as specified by DCF/CSOC and runs successfully 98% of the time must be demonstrated for each system. Technical documentation concerning the interfaces shall be included in the MIS Interface Plan. The State Contract Manager or designee shall assist in negotiating and coordinating system interfaces with other State departments, agencies and contractors;

- d. The contractor shall build an initial batch interface for each system, and if required by the State, upgrade it to a real-time interface during the contract period. While the contractor will be responsible for maintaining the interface, if requested, the contractor must supply DCF/CSOC with the log or any interface tracking reports as well as provide reports to DCF/CSOC to correct any issues with the interface;
- e. The MIS shall be capable of importing data from the systems operated by other agencies and shall be capable of exporting data from the MIS to the systems operated by other agencies. The contractor shall document the interface design in the MIS Interface Plan including identifying areas at risk for change;
- f. The MIS shall be developed such that all interfaces and back-end process runs (batch runs) have row level error handling as part of the interface program. Row level errors shall be written to a log and must not abort the interface or batch process;
- g. The MIS must provide automated enforcement of any run dependency between interfaces developed between computer systems and batch runs required by the system and reports that must run in a particular sequence to capture accurate data;
- h. The MIS system shall be designed to capture GIS location information of community resources and provider locations and export the information into a GIS mapping program so that youth and family/caregivers as well as stakeholders shall be able to locate community and provider resources within a geographic area. This information shall be available via the contractor web page; and
- i. The State will require the contractor to work with CSOC/DCF to ensure that where required, the contractor's MIS system adheres to the standards set forth in the Medicaid Information Technology Architecture (MITA) framework for information and data sharing between the MIS system and both the Medicaid Management Information System (MMIS) and the Medicaid Enterprise Data Warehouse. Information on the Medicaid Information Technology Architecture (MITA) is available in the document library and on the Centers for Medicare and Medicaid Services website.

3.17.11 MIS REPORTS, FORMS, AND NOTICE PLAN

The contractor shall design, develop, test, and implement the reporting capabilities as described below. Existing reporting capabilities that meet the requirements, as determined by DCF/CSOC, shall be acceptable. The contractor shall prepare an MIS Reports, Forms and Notices Plan that describes all the reports, forms and notices generation capabilities of the MIS.

The MIS shall be capable of preparing various reports, forms and notices in accordance with the following:

- a. MIS Reports – MIS reports represent an organized collection of data prepared for viewing or printing and/or extracts of specific data that can be used to create multiple reports. Reports are system-generated output intended for in-house use. This output will be stored on a report server for online access, printed, or exported to a desktop application such as Excel. The contractor shall:
 1. Provide DCF/CSOC with a series of approximately 12-15 reporting views that shall be defined during analysis sessions after contract award;
 2. Provide reporting views that are compatible with DCF/CSOC' database standard which is currently Oracle 11gr2 that can be accessed by reporting tools used by DCF/CSOC. Currently, the State uses a combination of tools that include, but are not limited, to Web Focus, SPSS, MS Access and Microsoft Business Intelligence (BI). DCF/CSOC is in the process of standardizing on Microsoft Business Intelligence (BI). It is the preference of DCF/CSOC to have the contractor use BI which will enable DCF/CSOC to leverage existing staff skill sets, although the contractor may propose an alternative reporting tool;
 3. Data query, retrieval, and reporting outputs shall vary from accessing relatively small amounts of data to generating comprehensive reports using large volumes of data. The contractor shall ensure that reports do not degrade performance of the MIS;
 4. The State anticipates from 400-600 reports/extracts to be required as part of the contract. The MIS must be capable of generating reports for the major service distribution categories (21 CIACC's, CMOs, all service provider types, 1 statewide contractor). The contractor shall work with the State IT staff to identify the actual reports and reporting intervals as part of program implementation; and
 5. The MIS shall allow users of the MIS to modify standard production reports for various user-supplied criteria, such as but not limited to, limiting the reports scope to a specific date range, specific geographical area (statewide, region, county, or local office), or client characteristics. This includes permanent modifications to the reports, and modifications that allow the user to enter parameters to the reports that allow the users to view the reports using different user supplied criteria.
- b. The MIS shall have a three-tier reporting capability as follows:
 1. Certain production reports shall be run automatically on a schedule, and the results shall be accessible online. These reports shall not be updated until the next scheduled update. The results shall be stored on a server, and may be printed locally, viewed online with scrolling capability, or downloaded to a spreadsheet. The

MIS shall have the capability to print subsets or portions of reports instead of always printing the full report;

2. Certain production reports (possibly overlapping with the above group) shall be generated as requested and as needed by users. These reports shall allow users to modify the report by limiting certain field criteria such as allowing the users to specify specific date ranges for data, geographical regions or other data fields. The reports shall print locally. Online, the reports shall be viewed with scrolling capability and downloaded to a spreadsheet that can be saved locally; and
 3. Ad hoc reporting capability whereby users can create their own, customized reports. Currently, the State uses a combination of tools that include, but are not limited, to Business Objects, Web Focus, SPSS, MS Access and Microsoft Business Intelligence (BI). DCF/CSOC is in the process of standardizing on Microsoft Business Intelligence (BI). It is the preference of DCF/CSOC to have the contractor use BI which will enable DCF/CSOC to leverage existing staff skill sets, although the contractor may propose an alternative reporting tool. If the contractor proposes an alternative tool, the contractor must provide a justification as well as an itemized cost for its recommendation. The contractor shall train the DCF/CSOC staff and other stakeholders in the use of the contractor's reporting tool.
- c. Electronic Forms and Notices - The MIS shall provide electronic notices and forms generating capacity that support the operational components of the RFP. The contractor shall work with DCF/CSOC to identify, design and develop electronic forms and notices. At a minimum, the online forms and notices must include:
1. Online registration form;
 2. Online report request form;
 3. Online assessment forms;
 4. Medical Record;
 5. Notice of Action;
 6. Notice of Eligibility Determination; and
 7. Notice of Appeals.

In addition to the requirements above, the contractor shall deliver the following:

- a. Design document for production reports and system-generated forms and notices;
- b. Test results for production reports, forms, and notices;
- c. Job schedule of production reports; and
- d. Set of all production reports and forms and notices.

3.17.12 MIS TRAINING AND KNOWLEDGE TRANSFER PLAN

The contractor shall design and deliver a comprehensive MIS Training and Knowledge Transfer Plan. The plan shall include the following:

- a. The contractor shall provide MIS training to all users of the system. To that end, the contractor shall develop training curricula and supporting materials, such as Quick Reference and "How Do I?" Guides. The initial training shall be performed on a "just-in-time" basis, within one (1) month of the transition to the new MIS, and shall include hands-on use of a training database provided by the contractor. Training must be specific to the type of users being trained. The contractor shall update the training curricula as changes are made to the MIS system, and must provide refresher training for existing users and monthly training for new users. Contractor shall coordinate and provide training sites in New Jersey;
- b. The contractor shall provide initial and ongoing training for functional and technical staff who work within DCF/CSOC. This is in addition to standard training for users, stakeholders and providers. The contractor shall train State technical staff on the MIS system with the objective that State personnel must gain an in depth knowledge of the MIS data structures, logical data model, physical data model, data fields' functional definitions as well as data fields' location and usage in the system (this includes where in the workflow the data is used, where data is used in the GUI and how it is used in the data model);
- c. The contractor shall train State technical staff on the contractor's tools used to produce production and ad hoc reports;
- d. The contractor shall provide Technical and User Training Materials, including online help and an online policy manual for the contractor and for DCF/CSOC, and other documentation necessary to use and operate the system;
- e. The contractor shall develop a training plan and schedule that comports with the requirements of this RFP, which shall be subject to DCF/CSOC review and approval;
- f. The contractor shall ensure consistency and quality in its training materials; and
- g. All training curricula and related materials are subject to the review and approval of DCF/CSOC prior to delivery of training.

3.17.13 MIS SYSTEM TESTING PLAN

The contractor shall provide an MIS System Testing Plan describing how the contractor will plan and execute a comprehensive system test (e.g. APPScan, FxCop, etc.), including, at a minimum:

- a. Unit testing – testing done by developers after they have completed initial development;
- b. Functional testing – testing completed by functional testers (i.e., business analysts rather than developers) to ensure that the code operates functionally;
- c. Integration testing – testing completed by functional testers that tests all aspects of the functionality when the entire system is integrated and operational, including batches, interfaces, and reports;
- d. Predictive testing – testing to gauge real-world, end-to-end response times;
- e. Network testing – testing from remote sites to identify any network connectivity or bandwidth concerns that could impede performance;
- f. Performance (response time) testing – Test response time of the system;
- g. Technical testing (performance) – Test systems performance;
- h. Testing of data conversion - the iterative process of mapping, execution of the conversion program, verification, validation and accuracy, and repeating as necessary. See MIS Data Conversion above; and
- i. Regression testing – full end-to-end integrated testing conducted after changes are made through the application.

The contractor shall also perform the following additional requirements:

- a. As part of predictive testing, the contractor shall prototype/baseline the system applications and transactions from a sampling of client locations. Using performance assessment methodologies, the contractor shall baseline the performance characteristics of the applications using various children, youth and young adult topologies (use cases) to gauge real-world, end-to-end response times guaranteeing the

application meets DCF's response time requirements. The System Testing Plan shall include components that are designed to ensure that:

1. All interfaces are tested with a fully loaded and converted database;
 2. All interfaces are tested with the interface agency or application system successfully, such that the interface accurately exchanges all data required by the contractor MIS and the interface partner system;
 3. All interfaces, batches and reports are tested using dependent processes and jobs required for production;
 4. All reporting views are tested against the base data table to ensure accuracy and reliability;
 5. Performance testing meets the State-defined standards simulating real work processes, usage and environmental condition (i.e., from a State office and other user locations);
 6. The integration test includes all reports, interfaces and user processes;
 7. Systems test are completed successfully with a full set of converted data;
 8. The full set of system functionality is tested;
 9. The integration test represents the full operational system including load, interfaces, back-end processing (batch window) scheduled and batch reporting; and
 10. The plan describes the time frames necessary to complete the testing, identification and correction of errors, and final validation. The contractor shall propose, subject to the review and approval of DCF/CSOC, appropriate testing criteria, additional sampling, and rules of validation.
- b. The contractor shall provide:
1. Run dependency document that defines any technical dependencies required to enable other technical jobs to run;
 2. Batch Window Estimates; and

3. Summary of test results.

3.17.14 MIS USER PLAN

The contractor shall develop and deliver to the State Contract Manager or designee for review and approval by DCF/CSOC, a User Acceptance Test Plan (UAT) for the MIS, that can be completed successfully using the number of State testers assigned to the Acceptance Test Team. The User Acceptance Test Plan shall specify how an Acceptance Test Team composed of approximately 16 systems users (i.e., DCF/CSOC staff, providers and stakeholders from different functional areas) are trained and shall perform MIS acceptance testing before transitioning to the new MIS. The contractor shall set up a test lab, if needed, and as per the DCF/CSOC. UAT shall proceed only when full internal systems test by the contractor is complete and the contractor is confident of the MIS functionality. Acceptance testing by the Acceptance Test Team shall include, but not be limited to, the following:

- a. A review of the usability and functionality of installed software;
- b. A review of the usability and functionality of data converted from the legacy system;
- c. A review of the completeness and accuracy of system documentation;
- d. A review of the training methods and materials;
- e. Testing all functional aspects of the system;
- f. A review of the response times and overall system performance;
- g. A review of the system, data and application security;
- h. A review of the accuracy and performance of system interfaces; and
- i. A review of the execution of functional scripts.

The Acceptance Test Team shall identify and document problems related to the MIS and deliver its analysis to the contractor. The contractor shall evaluate each problem, document a planned solution, implement the solution, and present the solution to the Acceptance Test Team for acceptance. The contractor shall make changes to components of the MIS as required including updating documentation and adjusting training materials to match the solution.

The State's Acceptance Test Team shall, in the sole discretion of the State staff assigned as the lead on that team, classify any problem identified by the Acceptance Test Team as critical, serious, moderate and minor. All problems shall be fixed prior to the transition to the new MIS. DCF/CSOC, in its sole discretion, shall determine if the acceptance test is successful and the system is ready for deployment.

For the purpose of this RFP the following definitions apply.

Critical to the Application - This type of problem (1) prevents users from performing their work with no workarounds available; or (2) is any problem that DCF/CSOC determines places a child at risk.

Critical to a Function - This type of incident prevents a user from performing a specific function in the application and there are no workarounds, but does not put a child at risk or stop the worker from being able to use the system in other critical areas.

Serious - This type of incident has a significant impact to end users in time or work produced. There are workarounds available; however, they are time consuming.

Moderate - This type of incident can be worked around but has a moderate impact by requiring the use of a workaround which compromises the work process but does not prevent the user from completing all aspects of it.

Minor - These incidents are of little consequence such as misspelled literals and screen layout and are mostly cosmetic in nature.

At the request of DCF/CSOC, the contractor shall perform a systems test to determine if the interfaces are operating correctly or if modifications are necessary. An interface that accurately exchanges data as specified by DCF/CSOC that runs successfully 98% of the time must be demonstrated for each system.

Maintenance releases shall be scheduled monthly to assure the defect list is addressed in a timely manner. Defects will be corrected timely and within an agreed upon timeframe between the contractor and CSOC

3.17.15 MIS SUPPORT AND MAINTENANCE PLAN

The contractor shall be responsible for the ongoing support and maintenance of the MIS. To that end, the contractor shall prepare and submit a Support and Maintenance Plan that details how it will support and maintain the MIS. Pursuant to this Plan, the contractor shall

- a. Fix critical, serious, moderate and minor problems found in the system after rollout. The requirements governing problems identified pre-rollout shall also govern these situations. The contractor shall provide a timeframe approved by DCF/CSOC for fixing each problem, but not to exceed as follows:
 1. Critical to the Application-within 48 hours;
 2. Critical to a Function-within 5 calendar days;
 3. Serious-within 7 calendar days;
 4. Moderate-within 14 calendar days; and
 5. Minor-within 30 calendar days;
- b. Provide user support for the system, including a help desk that MIS system users can contact via toll-free telephone number and email for assistance;
- c. Provide a schedule of maintenance timeframes including all planned outages and a contingency plan for downtime throughout the life of the contract. This schedule must include duration, systems impacted (i.e., interface systems), reports impacted, and start-up processes;
- d. Upgrade the software used to operate the MIS as new releases of the software become available. DCF/CSOC maintains the right to require the contractor to apply all upgrades to the software within one year of release of a new software version provided that the new software is compatible with any modifications made to the originally installed software. Contractor will provide a summary of the software upgrades and the risks associated with installing the upgrades; and
- e. Make available to New Jersey any new features and/or functionalities available to other clients of the contractor as part of the bid proposal (no additional costs to the State).

3.17.16 MIS USER SUPPORT & HELP DESK PLAN

- a. The contractor shall provide a support network capable of answering questions and mitigating issues that arise from the beginning of the transition from the old MIS throughout the contract resulting from this RFP.
- b. The contractor shall prepare and deliver an MIS User Support and Help Desk Plan that outlines the services to be delivered through the help desk. The MIS User Support and Help Desk Plan shall include the following:

1. An automated MIS help desk tracking system that reports on the number and types of help calls received and a process to review the calls to identify and permanently resolve recurring problems;
2. Identification of software used at the contractor help desk;
3. A strategy to integrate, coordinate and share problem tracking information for categories of issues that shall be determined prior to implementation with DCF/CSOC's existing internal MIS help desk so that information on contractor IT systems issues (i.e., downtime, interface failures, upgrades) can be shared; and
4. An MIS Help Desk Procedures Manual for help desk management, problem escalation, and problem resolution, including the time frames for responding to help desk requests. The MIS Help Desk Procedures Manual shall specify the following:
 - i. Call routing;
 - ii. Geographic location of support staff;
 - iii. Staffing levels;
 - iv. Skills required;
 - v. Role of liaison staff
 - vi. Problem escalation procedures
 - vii. Problem ticketing;
 - viii. Problem logging;
 - ix. Problem resolution;
 - x. Response times;
 - xi. Assignment of priority; and
 - xii. Ability to search through previous problems to find resolutions for new problems; and
5. The MIS Help Desk must provide support from 8 AM to 6 PM (ET) on all business days. Support outside of normal business hours can be provided by pager. All staffing levels and procedures shall be subject to the approval of DCF/CSOC. The Help Desk response times must be identical to the response times of callers to the Customer Service Help Desk (reference RFP Section 3. 9.8).

3.17.17 MIS ARCHITECTURE DESIGN PLAN

The contractor shall prepare and submit a proposed System Architecture Design Plan for approval by the DCF/CSOC. In the System Architecture Design Plan, the contractor shall describe the approach it shall use to ensure system reliability, system capacity, perform periodic security assessments, design backup and recovery features, and assess the contractor's LAN/WAN network configuration to identify modifications as needed.

3.17.18 WEBSITE PLAN

The contractor shall prepare and submit a Website Plan to the SCM that specifies how the contractor will develop a contractor website, maintain the website and provide webmaster services for the website. The internet website is and shall be utilized by youth, family/caregivers, providers, stakeholders and State agencies.

The contractor shall develop and maintain a customized website that provides on-line access to general customer service information. The contractor shall organize the website to allow for easy access of information by youth, family/caregivers, youth consumers, providers, stakeholders, and the general, public in compliance with the Section 508. Additional details on website requirements can be found in, Section 3.9.10.

The website shall contain a link to the DCF website. The State will implement a link on the DCF website to the contractor's website.

Within the Website Plan the contractor shall describe how the contractor will transition the existing website that is maintained by the incumbent contractor, if different from the new contractor, which includes a plan for informing the public of the change. This plan must address methods that ensure ease of transition and the least amount of disruption to users.

3.17.19 MIS SYSTEM SECURITY PLAN

The contractor shall perform system security and program audit functions in the MIS. To that end, the contractor shall prepare and submit a plan to DCF/CSOC that describes how it shall provide system security and program audit functions in the MIS. Within this plan the contractor shall describe physical and system security procedures, role-based security protocols, and

claims audit capabilities and functions. The contractor shall execute all aspects of the approved plan.

The contractor shall administer passwords and security for all contractor systems.

Transmitted data must be protected by encryption or other appropriate measure. Encryption must be coordinated with and approved by DCF/CSOC.

The system must comply with the State's security processes and rules as described in the Department of Human Services Distributed IT Architecture.

3.17.20 INFORMATION SECURITY PLAN

The contractor shall develop and submit to the SCM or designee an Information Security Plan. In this plan, the contractor shall describe MIS safeguards that limit and control access to data and applications in the system and reporting of violations. The plan shall describe a system of permissions or levels of access to the MIS data that shall restrict or prohibit various classes of users from retrieving, viewing, changing, using, or otherwise accessing the MIS. There shall be a category of administrative users, defined by DCF/CSOC, with access to add, modify, and change all data in the MIS. The Security Plan must address how the contractor will address user provision life cycle management, including authentication for application users, how users are added, managed, and deleted from the system.

The contractor shall develop the MIS in accordance with the following federal regulations and guidelines related to security, confidentiality, and auditing:

- a. Computer Security Guidelines for Implementing the Privacy Act of 1974 (FIPS PUB 41);
- b. State of New Jersey Information Privacy Requirements, Department of Human Services Administrative Order 2:01, Confidential Nature of Records;
- c. Guidelines for Security of Computer Applications (FIPS PUB 73);
- d. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its implementation regulations;

- e. 42 CFR Part 2-Confidentiality of Alcohol and Drug Abuse Patient Records.

The contractor shall develop and implement procedures to regularly review MIS activity, such as audit logs, access reports and security incident reports to ensure the MIS is maintained in accordance with the above guidelines and the Information Security Plan.

3.17.21 MIS QUALITY MANAGEMENT/ASSURANCE PLAN

The contractor shall submit a plan describing its Quality Management/Assurance Methodology as it relates to the MIS. The plan shall be subject to the approval of DCF/CSOC and the contractor shall comply with the State-approved plan.

3.17.22 MIS TECHNICAL DOCUMENTATION/SPECIFICATION/OPERATION MANUAL AND USER'S MANUAL

The contractor shall develop and deliver a technical specification/operation manual and a user's manual for the MIS. These manuals shall be delivered to DCF/CSOC within 90 days of implementation. All manuals shall be reviewed and approved by DCF/CSOC.

The technical specification/operation manual shall include information needed for normal system operations as well as an agreed upon list and schedule of fixes and enhancements.

Any proposed technical modification by the contractor to the MIS design specifications and/or functionality (including database, operations, security, technical standards and process) shall be documented, developed and presented to DCF/CSOC for review and approval before implementation.

All program source code must be well documented internally through the use of imbedded comment lines describing the processing, as well as changes to the source code. The source code files will be provided to DCF following any updates to the MIS. The provider will transfer the source code to DCF in accordance with DCF IT and the NJ OIT procedures. DCF will be the sole owners of this source code and will maintain copies of the source code. (see section 3.16.26 MIS SOURCE CODE for details)

The contractor shall maintain all functional and technical specifications and manuals in a repository with controlled access and version control so that updates are always made to the most recent version.

The User's Manual shall be available online through the help function and users shall be able to print some or the entire User's Manual. The User's Manual shall include a table of contents, an index for searching and copies of policies relating the use of the MIS.

The contractor shall design and provide hard copy pamphlets or quick reference guides for each major MIS function. These quick reference guides shall be concise, laminated pocket guides, which the contractor shall update regularly for the length of the contract.

The contractor shall produce any MIS documentation required by DCF/CSOC that is not provided in the technical specification/operations manual or in the user's manual as requested.

All documentation must be updated periodically (quarterly) if needed to reflect any system, database, application or process changes including:

- a. Release Notes; and
- b. Technical standards and process documentation.

All documents and documentation identified above are deliverables under this contract.

3.17.23 DESCRIPTION OF CONTRACTOR'S MIS TECHNICAL ENVIRONMENT

The contractor shall provide information on the MIS Technical Environment that:

- a. Describes the hardware platform on which the software runs, describes the facility in which the hardware shall be located and describes the environmental and security safeguards;
- b. Describes software systems used to coordinate care management;

- c. Describes the operating system, systems capacity and network infrastructure on which the software runs;
- d. Describes the programming language utilized and the software used to develop it;
- e. Describes policy and procedures on software upgrades;
- f. Provides a support Service Level Agreement (SLA) showing response times for:
 - 1. Systems failures;
 - 2. Interface monitoring; and
 - 3. Report monitoring.
- g. Provides a MIS network configuration and architecture drawing of how workstations are connected to the MIS, internet, intranet, and extranet, wide area and local area networks; and
- h. Describes the electronic medical record system within the MIS including the sharing of records among system users including, but not limited to DCF/CSOC, DCP&P (when appropriate), Crisis Response Network, CMO, and qualified service providers.

3.17.24 MIS HOSTING, BACKUP AND DISASTER RECOVERY PLAN

The contractor shall develop and submit for DCF/CSOC approval a MIS Hosting, Backup, and Disaster Recovery Plan. Within this plan the contractor shall describe the MIS data archive and retrieval system as well as the MIS disaster recovery procedures. The MIS Hosting, Backup, and Disaster Recovery Plan must be consistent with and incorporated in the overall Business Continuity, Disaster Recovery and Risk Management Plan (as described in Section 3.16.25). The plan shall include the most recent use of the data retrieval system and describe the outcome. The plan shall indicate if the MIS Disaster Recovery procedures have been used or tested and describe the outcomes.

The MIS Disaster Recovery must include a sample test scenario and shall be subject to approval by the State. The requirements for the disaster recovery plan are:

- a. The contractor shall ensure that there is the absolute minimum interruption of service, (including call center, customer service, care management and authorization processing) not to exceed 24 hours per incident with no loss of data and must utilize their most current versions of software during the recovery process;
- b. The plan must address hardware failure, data failure, program failure, system failure, network outage, electrical power outage, and phone outages;

- c. A weekly full system backup with daily incremental backups of all contractor data must be stored and retrievable at a secure site away from the New Jersey contractor office and specifically designed for this type of secure record storage. This site must be accessible to the State, if needed;
- d. The contractor shall outline the backup cycle and must be at least three (3) months in length. Bidders should submit a backup plan that would provide greater protection for the State if feasible; and
- e. The plan shall be detailed and shall cover, but not be limited to, such contingencies as effective employee notification regarding where and when to report for work, notification to participants and providers regarding changes made to operations to accommodate the emergency situation and other such matters.

The plan shall describe the operation and physical security of the host platform for the MIS. As part of hosting the MIS, the contractor shall ensure that the MIS is compatible with State procedures for reliability and recovery, including telecommunications reliability, file back-ups, and file recovery as described in RFP.

3.17.25 BUSINESS CONTINUITY, DISASTER RECOVERY AND RISK MANAGEMENT

The contractor shall provide for DCF/CSOC approval, a Business Continuity, Disaster Recovery and Risk Management Plan that identifies mitigation strategies to reduce risks that could result in business disruptions.

The Plan must ensure recovery of contractor operations, (including call center, customer service, care management and authorization processing) not to exceed 24 hours per incident with no loss of data.

The strategy should address how the contractor shall provide immediate response to any incident, such as, but not limited to the following:

- a. Any incident causing physical damage to data centers or other contractor facilities such as fire, smoke, collapse, water damage, air disaster, terrorist attack, sabotage, etc.;
- b. Impending or unexpected regional disasters such as hurricane or flood;
- c. Any external incident, which potentially could cause an extended business interruption, such as long term loss of electrical or telecommunications service;
- d. Any incident which indirectly affects facility access such as storm closure, emergency building evacuation due to bomb threat, or external threat such a fire to a nearby facility;

- e. Employee Strike resulting in employee absenteeism and/or inability to enter building because of blockade;
- f. Reduced staffing levels due to a pandemic: sickness, dependent care, or work force dispersion;
- g. Recovery of computer platforms which host and maintain critical applications and data; and
- h. Recovery from cyber-attacks, computer viruses and/or information theft, including theft of hardware which might house secure information (see Section 3.16.24).

The Plan shall be updated no less than annually.

3.17.26 MIS SOURCE CODE

The contractor shall provide all source code(s) to the DCF IT office. This includes the software source code programs, program object code, operations manuals, service manuals, written procedures and any such materials necessary for the State Contract Manager or designee to operate software. The software source and object programs and documentation can be delivered on mutually agreeable media. Installation packages for third party software products licensed by the contractor shall be included. These materials shall allow the DCF/CSOC to:

- a. Continue operations in the event the contractor becomes unable to perform; and
- b. Confirm that only authorized software and procedures are employed with the system.

The initial code deposit shall occur within ten (10) days of the implementation of the software. Each deposit shall be clearly labeled with the content and date. The contractor shall deliver deposit materials to DCF Office of IT within ten (10) days of each new software version release and updates are to be added no less than once every six (6) months.

The State shall have an irrevocable, nonexclusive, non-transferable, paid-up right and license to continue use of the deposited source code for the uses specified in this contract.

3.18 CONTRACT COMPLIANCE

- a. Time of the Essence - Time is of the essence with respect to all provisions of this Agreement and plans or schedules produced pursuant to this Agreement that specify a time for performance; provided, however, that the foregoing shall not be construed to limit or deprive a party of the benefits of any grace or use period allowed in this Agreement;
- b. The contractor shall respond to electronic, hard copy mail or fax requests for PA within one (1) business day of receipt of request. Noncompliance may result in a reduction in payment of up to \$100.00 per delinquent response;

- c. The contractor shall comply with performance standards described in this RFP. Noncompliance may result in a reduction in payments of up to \$1,000.00 per delinquency except for the call center as noted below;
- d. For the call center performance standards, payments to the contractor may be reduced by \$500.00 for each percentage beyond the established performance requirement for each day the standards are not met. For example, for the service level of 95% of calls answered within four (4) rings, if only 94% of the calls met the standard, the reduction in payment would be \$500.00 per day, if only 92% of the calls met the standard, the reduction in payment would be \$1,500 per day. These reductions in payment are based on the additional work that will be incurred by DCF/CSOC in responding to complaints regarding the contractor's performance. The costs incurred by DCF/CSOC include thoroughly investigating each complaint with DCF/CSOC taking whatever action is necessary to resolve the complaints and then formally responding to the complainant;
- e. For call center performance standards: (1) Call Center average speed to answer all calls shall not exceed thirty (30) seconds for all calls within the queue; (2) Waiting times within the queue shall not exceed three (3) minutes. The above reductions in payment shall not apply to these performance standards; and
- f. For Customer Service Standards, payments to the contractor shall be reduced by \$1,000.00 for each percentage below 98% based on a monthly average. The percentage shall be based on reports provided to DCF/CSOC by the contractor and through monitoring of the service standards conducted by the DCF/CSOC. For example, if DCF/CSOC determines that only 94% of calls monitored comply with the applicable standard for the month, the reduction in payment would be \$4,000.00 for the month.

3.19 BEGINNING-OF-CONTRACT TRANSITION PLAN

3.19.1 BEGINNING-OF-CONTRACT TRANSITION PERIOD

Upon contract award, the contractor shall immediately begin to collaborate with DCF/CSOC and the incumbent contractor, to work toward a seamless transition. DCF/CSOC is planning for a four (4) to six (6) month transition period.

The contractor shall meet with DCF/CSOC to establish the following deliverables and to establish priorities. The contractor shall:

- a. Meet within five (5) days of the contract award;
- b. Define the project management team, the communication paths between the State and contractor staff, and reporting standards;

- c. Establish communication protocols between the contractor, DCF/CSOC and the existing contractor;
- d. Establish transition and implementation plan, including the schedule for key activities and milestones; and
- e. Define expectations for content and format of contract deliverables.

These issues shall be addressed collaboratively, but the ultimate decision regarding each shall be within the sole discretion of DCF/CSOC.

3.19.2 BEGINNING-OF-CONTRACT TIMELINE AND DELIVERABLES

To avoid any disruptions in services and to allow for any unexpected issues, the contractor shall transition to the new MIS system prior to, but no later than the March 6, 2015 weekend. Acknowledging that there is a lower rate of child, youth, and young adult interaction during weekends and allowing time for any unforeseen problems, the contractor's MIS transition schedule must transition prior to that date.

The existing CSA contract is scheduled to end March 6, 2015. DCF/CSOC expects the new CSA contractor's MIS system to be fully transitioned, operational and functioning on or before March 6, 2015.

In addition, the contractor shall prepare a contingency plan to ensure continuation of services and to address any potential emergencies during transition.

3.19.3 BEGINNING-OF-CONTRACT TRANSITION AND IMPLEMENTATION PLAN

The contractor shall develop and submit a comprehensive written Beginning-Of-Contract Transition and Implementation Plan to the SCM which must include timelines consistent with the dates stated in Section 3.18.2. This plan will be used to monitor progress throughout the Transition and Implementation period. The Beginning-Of-Contract Transition and Implementation Plan is due within thirty (30 days) of contract award.

The Beginning-Of-Contract Transition and Implementation Plan must include time frames for critical milestones for the changeover from the incumbent contractor by March 2015. The Plan must clearly address all changes that shall be necessary to meet the requirements of this RFP and any proposed innovations offered by the contractor in its bid proposal as accepted by the DCF/CSOC. It must clearly specify the contractor's expectations if any work is to be performed by DCF/CSOC.

The Beginning-Of-Contract Transition and Implementation Plan must provide specific milestone dates and deliverables for accomplishment of all tasks within the transition period.

The contractor shall describe in detail how it shall meet implementation deadlines in its Beginning-of-Contract Transition and Implementation Plan to ensure that the transition is seamless and that there is no material adverse effect upon the State, youth.

The contractor shall submit the Beginning-Of-Contract Transition and Implementation Plan with all the elements contained in this section to DCF/CSOC for review and approval no later than thirty (30) days from the Notice of Contract Award.

The contractor shall include in the Beginning-Of-Contract Transition and Implementation Plan the work descriptions and plan, including, at a minimum, the following components:

- a. Schedules and timetables for implementation of the transition;
- b. A detail description of the implementation methods;
- c. Project Start Up Plan to meet all administrative startup requirements;
- d. Communication Plan that includes a plan to communicate with youth, family/caregivers, the media and other stakeholders regarding the transition;
- e. Human Resource and Staffing Plan. The staffing plan must identify staff associated with each task;
- f. Training Plan and Orientation Plan for State staff, providers, stakeholders, including but not limited to DCP&P system Child Health Units and care management entities as well as for CMOs, MRSS, and FSOs; including a materials and documentation plan for written materials including Handbooks and Procedure Manuals, etc.;
- g. Facilities Acquisition and Installation Plans, including the transfer of hard copy records;
- h. Establishing Medical Eligibility Plan;
- i. Fiscal Requirements, Accountability and Cost Avoidance Plan;
- j. Customer Service and Call Center Plan;
- k. Utilization Management Plan;
- l. Outlier Management Plan;

- m. Care Coordination Plan for all populations;
- n. Adolescent Housing Hub implementation plan;
- o. Out-of-Home Treatment bed tracking, linkage plan, and authorization process;
- p. Treatment Plan;
- q. DD eligibility determination plan;
- r. DD Family Support plan;
- s. Services for youth involved in the DCP&P;
- t. Quality and Outcome Management and Systems Measurement;
- u. Complaints, Reconsiderations and Appeals Plan including transitioning pending cases;
- v. Support for Network Development Plan;
- w. Overall MIS Project Plan and all sub-plans, including data conversion reports and interface plans, hardware and equipment acquisition and installation, operating system and software installation, systems testing, etc.;
- x. Business Continuity, Disaster Recovery, and Risk Management Plan;
- y. Operational Readiness Plan;
- z. Website Communication Plan for process and transition updates;
- aa. Property and Inventory Plan;
- bb. Contract Compliance Plan; and
- cc. Financial Reporting Plan.

In addition to those items specifically enumerated above, the contractor shall develop and execute plans that ensure completion of all necessary tasks, explicit or implicit, assigned to the contractor by this RFP.

3.19.4 ESTABLISH A BEGINNING-OF-CONTRACT TRANSITION AND IMPLEMENTATION PLANNING TEAM

DCF/CSOC shall designate a SCM who will have overall responsibility for the management of all aspects of this Contract (See Section 8.0) and the SCM will be a member of the Transition and Implementation Planning Team. The SCM will oversee the contractor's progress, facilitate issue resolution, coordinate the review of deliverables, and manage the delivery of State resources to the project, consulting with the contractor as needed. The SCM may designate other State staff to assume designated portions of the SCM's responsibility. The SCM shall be the central point of communications and any deliverables to DCF/CSOC shall be delivered to the State Contract Manager and any communication or approval from DCF/CSOC shall be communicated to the contractor through the SCM.

Should disagreements arise between contractor staff and the State Project Team, those disagreements shall be escalated for resolution through each organization's respective reporting structure, ultimately reaching the Director of CSOC and the contractor employee overseeing the entire contract. Should those disputes remain unresolved after that process, the Director of CSOC retains ultimate authority to decide the outstanding issue or question.

3.19.5 CONTRACTOR'S PROJECT MANAGER (PM)

The contractor shall designate a full time PM within one (1) week of the contract award. The PM shall have overall responsibility for successful completion of contractor responsibilities, overseeing and monitoring contractor staff on a day-to-day basis as they undertake project activities. The PM shall also work closely with the SCM and assist in coordinating State resources. The PM or designated contractor staff shall maintain the project plan.

The contractor shall create a project plan to facilitate an operational program within the timeframes established in the contract. All state tasks and resource requirements must have prior approval by the SCM before the plan is considered final.

The contractor, DCF/CSOC and the incumbent contractor (if different) shall meet within 15 days after the contract award and if required by the DCF/CSOC SCM at least four (4) days out of each week during the transition period.

The PM and relevant staff shall meet with and provide project status to the SCM and other State staff weekly. The purpose of the status meetings is for the contractor to communicate actual progress, identify problems, recommend courses of action, and obtain approval for making modifications to the project plan. In conjunction with the project status meetings, the contractor shall provide written status reports to the SCM at least once a week during transition. This status report shall include:

- a. Updated Project Plan and Responsibility Matrix;
- b. Tasks that are behind schedule;
- c. Dependent tasks for tasks behind schedule;
- d. Items requiring the State Project Manager's attention;
- e. Anticipated staffing changes;
- f. Outstanding issues; current status and plans for resolution;
- g. Any issues that can affect schedules;
- h. Any issues that can delay or impact the completion of the project;
- i. Any issues relevant to Change Management [No change management requirement in contract]; and
- j. Identification, time frames, critical path effects, resource requirements and materials for unplanned in scope items.

The contractor shall be responsible for documenting all meetings, including attendees, topics discussed, decisions recommended and/or made with follow-up details. Minutes and summaries from all meetings are to be provided to the SCM no later than three (3) business days after the date of the meeting.

Overall Project Communication Plan - The contractor shall also provide an Overall Project Communication Plan, the purpose of which is to keep project management and staff informed about all information they need to complete assigned responsibilities, as well as to keep all system stakeholders proactively informed on the progress of the project.

3.19.6 CONTRACTOR STAFFING DURING TRANSITION AND IMPLEMENTATION PHASES

The contractor shall interview any incumbent contractor staff members that request a job interview and may consider hiring employees of the incumbent contractor. The contractor shall be under no contractual obligation to hire the incumbent contractor's staff however, the contractor shall ensure that employees hired from the incumbent contractor shall have employment start dates commencing after the incumbent contractor's contract termination date

or after the transition period, whichever is longer. Also, interviews with the incumbent contractor's staff shall occur before or after hours or during lunch periods off the incumbent contractor's premises, so as to avoid any interference with performance of the incumbent contractor's contractual responsibilities.

The contractor shall have sufficient personnel working and operating in the Trenton, New Jersey area during the Transition and Implementation Period in order to be fully compliant with the terms of this Contract. Should the contractor determine that additional staff is necessary to complete tasks assigned to the State, the contractor may propose, subject to the approval of DCF/CSOC, that it shall retain necessary subcontractors to supplement the assigned State staff during the transition period.

During the time the contractor's MIS application is modified for the DCF/CSOC, there is an expectation that the contractor's development staff will be working on site in New Jersey, Monday through Friday 8:00 am to 6:00 pm EST, to facilitate communications.

3.19.7 TRANSITIONING OF YOUTH AND OPERATIONS

The contractor shall hold at least six (6) one (1) hour meetings in duration with DCF/CSOC, the incumbent contractor, and providers to develop and implement a service transition plan that the contractor shall then execute. The plan must include the following:

- a. The contractor shall provide service information, emergency telephone numbers, and instructions on how to obtain additional services to all active youth receiving services through the incumbent contractor;
- b. The contractor shall work with the incumbent contractor to transition all pending reconsiderations, appeals, and customer service cases to assure timely resolution;
- c. The contractor shall have a sufficient number of qualified staff to meet filing deadlines and attend all court or administrative proceedings, if needed; and
- d. The contractor shall train all users on how to use the new system prior to system implementation.

3.19.8 TRANSITION OF MIS SYSTEM

The contractor shall successfully complete a parallel run of the contractor's MIS with the existing contractor's MIS system prior to implementation. The parallel run should represent a complete cycle for a week, including the weekend, of all major functions.

All major systems and interfaces with the contractor's MIS shall be demonstrated to the State to be functional prior to implementation.

Any proposed contractor system must be thoroughly tested and validated before implementation.

3.19.9 OPERATIONAL AND FINANCIAL READINESS

Prior and subsequent to the contract start date, the contractor shall demonstrate its readiness and ability to provide covered services and to resolve previously identified operational deficiencies.

Upon DCF/CSOC' request and subject to its approval, the contractor shall develop and implement a corrective action plan in response to deficiencies identified.

The contractor shall commence operations only if all corrective action plan requirements are met to DCF/CSOC' satisfaction.

At a minimum, the contractor shall cooperate with DCF/CSOC to review the following areas:

- a. Staffing adequacy;
- b. Call Center functionality;
- c. Customer Service;
- d. Collaboration with the DCP&P system;
- e. Knowledge of and access to available community resources and providers;
- f. System users are trained and ready to input data into the system;
- g. Quality Management (QM);
- h. Utilization Management (UM);
- i. Care Coordination (CC);

- j. Financial management;
- k. Information processing and system testing;
- l. Transition of all information for youth with behavioral health, intellectual/developmental disabilities and substance use challenges;
- m. Routine communications with youth;
- n. Routine communication with provider community;
- o. Continuity of care for youth;
- p. Continuity of pending grievance, appeal, and customer service cases; and
- q. All major operational functions of the contractor program are successfully tested.

3.19.10 FLOW DIAGRAMS

The contractor shall prepare and submit to the SCM in its Beginning-of-Contract Transition Plan its draft comprehensive set of flow diagrams that clearly depict the proposed final work operations, including but not limited to, client flow, workflow, data flow and authorization and provider payment process. These diagrams shall aid in the understanding how the contractor will perform work and support training. The level of detail in these diagrams must be sufficient to communicate to the public and providers their role in the DCF/CSOC process. With a goal to maximize clarity, the contractor is free to choose the graphical technique for diagram creation.

3.20 END-OF-CONTRACT TRANSITION

The contract resulting from this RFP will either be rebid at the end of its term or all work will be transitioned to the DCF/CSOC. If a replacement contractor is awarded this contract that is not the incumbent contractor or if the work is to be assumed by CSOC, then it will be necessary for the contractor to transition the work of this contract to a replacement contractor or to DCF/CSOC. This section specifies the work the contractor shall perform to transition work to a replacement contractor or to DCF/CSOC at the end of the contract.

3.20.1 TURNOVER AT END-OF-CONTRACT (EXIT EXPECTATIONS)

The contractor shall ensure a smooth turnover upon the termination or end of the contract. The contractor shall prepare, submit, and execute a detailed End-of-Contract Transition Plan that outlines the contractor's hand-off process to a replacement contractor. The End-of-Contract

Transition Plan shall be subject to the review and approval of DCF/CSOC. The contractor shall provide and/or perform any or all of the following responsibilities:

3.20.2 GENERAL TASKS FOR END-OF-CONTRACT TRANSITION PLANNING

The contractor shall cooperate with DCF/CSOC during the planning and transition of contract responsibilities from the contractor to a replacement contractor or to the DCF/CSOC. The contractor shall ensure that normal service is not interrupted or delayed during the remainder of the contract and the transition planning by all parties shall be cognizant of this obligation.

Six (6) months prior to expiration of the contract, or within thirty (30) days of notice of contract termination or cancellation, the contractor shall provide to the CSOC Director an End-of-Contract Transition Plan for approval. The End-of-Contract Transition Plan shall ensure an orderly transfer of responsibility and/or the continuity of those services required under the terms of the contract to an organization designated by the State.

The End-of-Contract Transition Plan must include a realistic schedule and timeline to hand-off responsibilities to the replacement contractor. This should anticipate a period of time when the contractor and the replacement contract are active at the same time while the replacement contractor gears up to assume work.

The End-of-Contract Transition Plan must identify the staff that shall be utilized during the hand-off of duties and their responsibilities such that there shall be clear lines of responsibility between the contractor, the replacement contractor and the State. Five (5) days in advance of the beginning of each month, the contractor shall provide a staffing plan for the transition period operation.

The End-of-Contract Transition Plan shall specify the actions that shall be taken by the contractor to cooperate with the replacement contractor and the State to assure a smooth and timely transition to the replacement contractor.

The contractor shall participate in all transition meetings and teleconferences to ensure that all parties meet and work out roles and responsibilities during the contract hand-off period in an amicable and cooperative way.

The contractor shall complete all work in progress and all tasks called for by the turnover plan prior to final payment to the contractor. Briefing State staff and subsequent contractor staff on all aspects of the operation of the existing contractor system shall be a prerequisite to final payment.

3.20.3 STATE PROPERTY AT END-OF-CONTRACT

All material defined in Section 5.8 of this contract is the property of the State. In addition, all physical property purchased by the contractor with State funds from this contract for use in this contract, such as, but not limited to, telephones, computers, desks, chairs, etc. is the property of the State. Within thirty (30) days after award of the contract to a replacement contractor, the contractor shall identify, assess condition of and inventory all property in the possession of the contractor that is the property of the State.

The written inventory shall include the proposed value of such equipment. The contractor shall agree to transfer State property to the replacement contractor if the replacement contractor desires to use all or part of the State owned property. In addition, the contractor may negotiate a sale of the contractor's property that is not the property of the State with the replacement contractor if the replacement contractor so desires to use all or part of the inventory.

All State property or contractor property to be transferred to the replacement contractor or to DCF/CSOC shall be in an "as is" condition. All property must be made available within fourteen (14) days of the contract termination date. The contractor shall cooperate fully in planning and implementing the transfer.

The contractor shall identify and provide all technical information about the State-owned property including computerized formats of the property, the technical specifications, procedural manuals and database programs as otherwise required by the contract. The contractor shall provide complete information on the contractor owned programs that have historically had interfaces with State owned property, but not including any related proprietary information or the programs themselves unless such programs are the property of the State.

The contractor shall provide a copy of the current lease and an agreement to assign the lease to the replacement contractor should the replacement contractor want to assume the current office space. The contractor shall work with the replacement contractor and the contractor's Landlord in negotiating temporary space for transition.

The contractor shall identify and assess the condition of any contractor office space that the replacement contractor shall use during transition.

The contractor shall permit a tour of the contractor facility after the replacement contract award for the purpose of evaluating whether the replacement contractor desires to (1) assume real estate lease assignment; (2) purchase of all existing furniture and fixtures; and (3) assume an assignment of certain leased equipment such as copiers and printers. No presentations or discussions shall occur during the site inspections other than to specifically identify facilities and equipment. No questions beyond the identification of the specifics of facilities shall be provided at a site inspection. Site inspections shall be coordinated with the contractor, DCF/CSOC and the replacement contractor. Such a tour shall occur after hours or at such other time as the contractor reasonably determines so as to avoid any interference with performance of its responsibilities under the contract.

3.20.4 DATA TRANSFER AT END-OF-CONTRACT

The contractor shall develop and execute a methodology 30 days prior to end of contract including but not limited to:

- a. A full export of the database;
- b. A list of the schemas;
- c. The physical data model and the logical data model; and
- d. The data dictionary.
- e. The contractor shall transfer all data and information stored in all contractor databases and information systems (including backup copies in any medium located at the contractor's site and in offsite storage).

The contractor shall provide extracts in formats specified by the State. The contractor shall assist in the data mapping and, if assistance is necessary, to the transition of the data. The contractor shall not assume responsibility for the successful import or conversion of data into any system owned, maintained, or used by the State or the replacement contractor.

In the event that data or case information is lost during transition, the contractor shall restore the data or case information and shall re-transmit that information to the replacement contractor until the transmission is successful.

At the end of the contract, a final dataset must be delivered to the State.

The contractor shall provide experienced technical support with knowledge of the contractor's application to work with DCF/CSOC and the new contractor to complete data mapping to the new contractor system.

3.20.5 SHARING OF MATERIALS WITH THE REPLACEMENT CONTRACTOR AT END-OF-CONTRACT

As a condition of the replacement contractor receiving any of the above information and materials from the current contractor, the State and/or DCF/CSOC shall arrange for the replacement contractor to execute a Confidentiality and Non-Disclosure Agreement.

3.20.6 COMMUNICATION AT END-OF-CONTRACT

The End-of-Contract Transition Plan shall outline recommended methods and processes to inform contractor employees, State employees, customers, the media (that is, information that may be prepared by the contractor, but released by DCF/CSOC), and others that there shall be a transition to a replacement contractor.

The contractor shall not provide outside communications, press releases, or articles with respect to the New Jersey operations, data, systems or infrastructure without explicit written permission from DCF/CSOC.

The contractor shall not use the State's name, logos, images, data or reports arising from this contract as a part of any commercial advertising without first obtaining the prior written consent of DCF/CSOC and the State. The contractor shall continue to abide by Section 5.13 of the RFP regarding news releases.

The contractor shall provide mailings of notification letters or email notifications to providers and interested parties as designated by DCF/CSOC regarding the changes that shall occur during transition to a replacement contractor. Such mailings shall be as provided as part of the contract and at no additional cost to the State.

The contractor shall handle a high volume of calls following a notification of contract award to a replacement contractor and the contractor shall give providers a standard response approved by DCF/CSOC regarding the award of the contract to a replacement contractor. These notifications shall be in addition to and shall be coordinated with notifications that may be issued by the replacement contractor.

DCF/CSOC shall coordinate all notifications to providers and interested parties regarding the changes that shall occur during transition to a replacement contractor. The contractor shall be copied on any notifications in order to help them be prepared to handle a high volume of calls following a notification.

The contractor shall inform DCF/CSOC immediately of all media inquiries so that DCF/CSOC can determine how and by whom responses shall be made.

3.20.7 COMPLETION OF WORK ITEMS AND PENDING TASKS AT END-OF-CONTRACT

The contractor shall complete all work in progress and all tasks called for by the End-of-Contract Transition Plan prior to final payment to the contractor. DCF/CSOC shall retain the last two (2) months payments until all end of contract tasks are complete.

If it is not possible to resolve all issues during the end-of-contract transition period, the contractor shall list all unidentified or held items that could not be resolved prior to termination of the contract and provide an inventory of open customer service requests along with all supporting documentation. The contractor shall specify a process to brief the replacement contractor on case issues before the hand-off of responsibilities and it shall be the replacement contractor's responsibility to assume those outstanding matters if the contractor and DCF/CSOC, so elects. In order to resolve pending items, the replacement contractor shall enter into a records custodial agreement with the contractor for the duration of the transition period.

3.20.8 END-OF-CONTRACT TRANSITION PLANNING TEAM AND DELIVERABLES

The contractor shall participate in a transition planning team as established by DCF/CSOC at the end of the contract. The contractor's transition planning team shall include program evaluation staff and program monitoring staff, as well as staff that supports all automated and computerized systems and databases.

The End-of-Contract Transition Planning Team shall include members from the replacement contractor to mirror the contractor's transition team staff.

The contractor shall provide the End-of-Contract Transition Planning Team with an End-of-Contract Transition Action Plan within thirty (30) calendar days after the public notice of the award to a replacement. The End-of-Contract Transition Action Plan shall only consist of the contractor's transition related tasks and shall be maintained by the contractor throughout the contract hand-off period. The End-of-Contract Transition Action Plan shall consist of a matrix listing each transition and contract hand-off task, the functional unit and the person, agency or contractor responsible for the task, the start and deadline dates to complete the planned task, and a place to record completion of the task.

The contractor's End-of-Contract Transition Action Plan shall not consist of nor shall the contractor be responsible for developing or maintaining any implementation tasks associated with the new replacement contractor, the State or DCF/CSOC. Any tasks associated with the implementation activities for the new replacement contractor; the State or DCF/CSOC shall be the responsibility of the replacement contractor, the State or DCF/CSOC, respectively.

The contractor shall perform all work specified in the plan in a timely and professional manner. Some examples of the detailed tasks and plans that must be included in the End-of-Contract Transition Action Plan include, but are not limited to the following:

- a. Communication of key events that must occur between and among members of the End-of-Contract Transition Planning Team that are necessary to complete the transition hand-off and assure that all Transition Planning Team members are informed of key events
- b. Plans for meetings and processes that are needed to resolve any pending matters such as billing disputes, case updates and authorizations during the transition period;
- c. Plans for the automated transfer of State data including extracts of case data, eligibility data, and authorization data, consistent with HIPAA and 42 CFR Part 2;
- d. Detailed plan for transferring program operations to the replacement contractor or DCF/CSOC as of the end of the transition period; and

- e. Provide a plan to transfer the toll free phone number utilized by the contractor to the replacement contractor. The plan must include the method of how calls shall immediately be transferred to the replacement contractor when it is agreed by all parties to hand-off duties at the end of the transition to the replacement contractor, subject to the resolution of outstanding matters noted in the prior paragraph.

3.20.9 END-OF-CONTRACT COMMUNICATION AND STAFF RETENTION

The contractor shall develop a plan on how to best inform and keep contractor employees during the transition. As soon as possible after the contract award to a replacement contractor and following notification to staff by contractor leadership, DCF/CSOC staff shall be permitted to meet with staff in the presence of contractor leadership to discuss the transition period. Additional follow up meetings with staff may be arranged. Such meetings shall occur at a time and in such a fashion so as to minimize any interference with the contractor's performance of its responsibilities under the contract.

It is the intention of DCF/CSOC to require the replacement contractor to grant an interview to the contractor's employees for positions under any replacement contract and thereby give qualified employees who may lose their jobs the opportunity to apply for positions with the replacement contractor. The replacement contractor shall be under no obligation to hire staff. The contractor shall agree to inform its employees through postings in the office of the possible opportunity for a job with the replacement contractor and the availability of interviews with the replacement contractor. The replacement contractor shall ensure that employees hired from current contractor shall have employment start dates commencing after the contract termination date or transition period, whichever is longer. Interviews shall occur before or after hours or during lunch periods off the premises of the contractor so as to avoid any interference with contractor's performance of its responsibilities under the contract.

The contractor with the support of DCF/CSOC shall provide reasonable and sufficient retention incentives to encourage contractor personnel to remain employed through the contract end date. These incentives shall be at no additional cost to the State.

The contractor shall provide weekly personnel counts for each department to the State and DCF/CSOC during the end-of-contract period and inform the State and DCF/CSOC of the contractor's efforts to retain personnel.

The contractor shall plan for and provide necessary back up staffing for the New Jersey operation. In the event that the contractor's New Jersey staff leave the employ of the contractor

and the contractor is not be able to recruit regular full time New Jersey staff to backfill, back up support may be provided by contractor staff based in other locations as long as such staff is duly licensed to provide the intensity of service as required by the contract. To the extent necessary as determined by DCF/CSOC, on-site placement of temporary staff shall be permitted as long as the licensure requirements are met.

3.20.10 BUSINESS CONTINUITY FOR REMAINDER OF CONTRACT TERM (END-OF-CONTRACT)

The contractor shall continue to perform work as specified in the contract during the end-of-contract transition period in accordance with all the specific performance requirements. The contractor shall maintain a presence in New Jersey until the contract end date.

3.20.11 PROBLEM RESOLUTION AND CORRECTIVE ACTION TO END-OF-CONTRACT

The contractor shall report, within forty-eight (48) hours, any problems and corrective actions taken during the end-of-contract transition period.

3.21 INCIDENTAL WORK ITEMS

As part of this contract, the DCF/CSOC through the SCM may direct the contractor to perform incidental work items that were not originally contemplated in the original contract but are directly related to it. If the incidental work is directly related to the work of this contract and entails not more than 80 person-hours of work per work request, the DCF/CSOC may engage the contractor directly. In doing so, the SCM shall provide a specific scope of work to the contractor and the contractor shall provide a written firm fixed price to perform the work with a budget showing the person-hours and the contract hourly rates that were used to calculate the proposed price. Once approved by the SCM, the contractor may proceed to perform the incidental work and be paid the fixed price.

If work exceeds 80 person-hours or if it entails added work that is not related to the work of the contract, such as, but not limited to the addition of new programs, the SCM shall provide the contractor with a written scope of work and the contractor shall provide a signed written proposal to perform the work and that work shall be added to the contract via a contract amendment that is approved by the Procurement Bureau as specified in Section 5.16.

3.22 EQUIPMENT PURCHASED

As noted in Section 3.20.3, physical property purchased with funding provided under this contract shall be the property of DCF/CSOC, with ultimate title vested in the State.

The purchase of any physical property by the contractor having a useful life of more than one year or acquisition price of \$1,500.00 or more per unit shall be reported to DCF/CSOC on a monthly expenditure report. At any time during the contract term and within 30 days after notice that this contract is terminated, or 30 days after notice of award to a replacement contractor, the contractor shall request in writing the approval of DCF/CSOC to either dispose of said property or return to DCF/CSOC all property furnished by the contractor or purchased with funds provided under this contract. Any disposal of physical property by the contractor shall be subject to the approval of the DCF/CSOC.

The contractor shall conduct an annual physical inventory of all hardware, software and equipment, including State hardware, software and equipment in its possession or control, and shall cause any subcontractors to do likewise. The inventory must be consistent with Treasury requirements under Land and Building Asset Management System (LBAM). The contractor with the approval of the SCM shall establish the method of inventory that should include a designation of any property that is State property as such. Personnel who perform the physical inventory shall not be the same individuals who maintain the property records or have custody of the property. The annual inventory shall be provided to DCF/CSOC within two (2) days of completion. The first annual inventory must be completed no later than the last day of the 12th month after contract initiation, and the annual inventory shall be due each subsequent year on that date.

Exhibit 2- Additional Background Information

The mission of CSOC is to support youth with emotional and/or behavioral challenges, substance use, and/ or intellectual/ developmental disabilities, and their family/ caregivers by providing them with timely services and related support appropriate to their needs, at the appropriate intensity of service, and for the appropriate length of time.

CSOC places particular focus on the accessibility and appropriateness of services delivered to youth who are involved in New Jersey's child welfare system. Being responsive to both families of youth (e.g. birth, resource (foster), kinship, guardian, adoptive) in the Division of Child Protection and Permanency (DCP&P) system, as well as professionals serving families involved with (DCP&P) is very important.

CSOC's goal is to enable the youth served to remain at home, in school, and within their community. Therefore, through an organized system of care approach, DCF is committed to providing services that are:

- a. Clinically appropriate and accessible;
- b. Individualized, reflecting a continuum of services and/ or supports, both formal and informal, based on the unique strengths of each youth and his or her family/ caregivers;
- c. Provided in the least restrictive, most natural setting appropriate to meet the needs of the youth and his or her family/ caregivers;
- d. Family-guided, with families engaged as active participants at all levels of planning, organization, and service delivery;
- e. Community-based, coordinated, and integrated with the focus of having services, and decision-making responsibility and management resting at the community level;
- f. Culturally competent, with agencies, programs, services, and supports that are reflective of and responsive to the cultural, racial, and ethnic differences of the populations they serve;
- g. Protective of the rights of youth and their family/ caregivers; and
- h. Collaborative across child-serving systems, involving mental health, substance use, child protection, juvenile justice, and other system partners who are responsible for providing services and supports to the target populations.

CONTRACTED SYSTEM ADMINISTRATOR (CONTRACTOR) FUNCTION

The CSA creates a common single point of entry that registers all children, youth, and young adults, and authorizes services in a single electronic record, as well as tracks and coordinates care for all New Jersey youth enrolled into the CSOC.

The CSA supports DCF/CSOC in its role of implementing the children's system of care. The DCF/CSOC retains all regulatory and policy-making authority. Functioning as a non-risk ASO, there are key functions that remain the responsibility of DCF/CSOC including, but not limited to, network development, provider contracting, and provider outcome standards. As a partner to

DCF/CSOC, the CSA provides administrative support and is encouraged to provide recommendations for improvements to the delivery of services, and implemented with the approval of DCF/CSOC.

The CSA performs a broad range of administrative service functions including, but not limited to, the following:

- a. Providing a Customer Service/ Call Center with 24-hour/ 7-day intake and customer service capability;
- b. Providing a web-based application /interface with the CSA's MIS
- c. Managing care, which includes utilization management, outlier management, and care coordination;
- d. Coordinating access to services for all youth, including facilitating access to specialized services for youth involved with the Division of Child Protection and Permanency (DCP&P);
- e. Coordinating a transition to adult services for children;
- f. Providing Quality and Outcomes Management and System Measurement that supports CSOC's goal to promote best practices and providing assistance to the State in assuring compliance with State and federal guidelines;
- g. Implementing a Complaints, Reconsiderations, and Appeals process; and
- h. Providing support for Provider Network Development.
- i. Conducting satisfaction surveys

To support these administrative services, the CSA is required to provide an MIS that is backed by strong clinical guidance and fosters flexibility, system integration, comprehensive information management, and production of management reports that support business decisions.

Call Center Volume Statistics as of December 2013:

Incoming Calls	2007 Daily Average	2010 Daily Average	2013 Daily Average
Client/Provider Representative fielded calls	554	404	412
Care Coordinator fielded calls	173	178	187
Out of Home Treatment - Care Coordinator fielded calls	48	N/A	N/A
After-hours Calls (10 pm – 8 am weekdays, weekends, and holidays)	19	27	93
Total	794	609	692

At a minimum, the MIS shall include the implementation of a common electronic medical record, as well as the development and implementation of other information technology functionalities that allow for the electronic storage and sharing of specified information and multiple reporting capabilities. The individual electronic record shall provide access to the DCF/CSOC service continuum and clinical outcomes, provide the capability to track and monitor service plans, monitor costs and clinical outcomes, and address the ongoing needs of youth and his/her family/caregivers. The MIS shall also allow for an automated process of determining clinical appropriateness and utilization management, thus providing real-time system wide continuous quality review.

The MIS must be developed and based on the coding and data DCF/CSOC owns. All past and present data and the full complements of the MIS must be fully available to all authorized users of the MIS on the day of contract commencement.

The CSA shall provide all aspects of the CSA functions described herein Section 3 of this RFP for all youth who qualify for services* through CSOC. Based on current utilization and expected trends, this is estimated to be approximately 77,000 youth actively receiving services a year, but there is no cap specified in this RFP and no per member/per month reimbursement structure provided. Except for a few exceptions described herein (e.g. penalties for poor performance), the contract will be for a fixed annual amount.

**The DCF/CSOC provides funds and/or contracts for the following services for youth with emotional and/or behavioral challenges, intellectual/developmental disabilities, and substance use, and their family/caregivers: assessment and evaluation; inpatient care, outpatient care,*

alternatives to inpatient care; outpatient office-based services; group and family counseling services; the review and management of medication; care management; 24-hours a day, 7 days a week Mobile Response and Stabilization Services (MRSS); intensive in-community and home-based services, including behavioral assistance; therapeutic nurseries; evidenced-based practices (MST and FFT); wraparound; intensive day treatment and partial care services; out of home residential treatment; therapeutic group homes; and parent-run Family Support Organizations (FSO), intellectual/developmental disability family support services, in-home habilitation services and supports, and an array of substance use services.

HISTORY

The CSOC Program began in November 1999 when the Department of Human Services (DHS) won a System of Care grant award from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the Federal Department of Health and Human Services. Beginning in 2000, DHS led a major reform initiative to build upon the System of Care grant to create a statewide system, formerly known as the Children's System of Care Initiative (CSOCI). This initiative began to restructure the system for delivering services to youth with emotional and behavioral challenges and their families into a single CSOC program, coordinated, and integrated at the local level, focused on improved outcomes for children, youth, young adults, and their family/caregivers (Please see the DHS Concept Paper and the RFP for the Contracted System Administrator issued in 2000 and accessible at the url provided in section 1.2 of the RFP for additional information).

To support the CSOC in providing a common, single point of entry, in 2001, the DCF contracted for a Statewide Contracted System Administrator (CSA) to support the delivery of services to youth with emotional and behavioral challenges, coordinated and integrated at the local level that focused on improved outcomes for youth and their family/ caregivers through utilization management, care coordination, quality management, and information management for the CSOC Program.

The March 2005 Governor's Task Force on Mental Health issued a Final Report that contained recommendations regarding the mental health system in New Jersey. This report reiterated the values and visions contained in the DHS Concept Paper and the 2000 RFP. Issue 4 of the report focused on children and contained several recommendations related to the provision of services to youth, with particular emphasis on youth in detention. The recommendations supported expansion of vitally needed services and the use of evidence-based practices for these youth as well as incorporating substance use services into the integrated plan as needed. Other recommendations supported performance-based contracting, the use of data to analyze the effectiveness of the CSOC Program, increased involvement of local governance in the quality performance process, unified case management, and an independent assessment of the CSOC Program.

The parameters of the aforementioned independent assessment were developed by an inter-agency planning group and were designed to review the CSOC Program as implemented, to determine successes, gaps in the system, and areas of possible improvement, refinement, and enhancement. The assessment, conducted by the Louis de la Parte Institute, University of

South Florida in 2005-2006, provided CSOC with recommendations that CSOC has determined to implement in a strategic planning process. Throughout this RFP, CSOC included recommendations from the Governor's Task Force on Mental Health and the University of South Florida (USF) Independent Assessment (Attachment C) to procure a flexible contracted system administrator that will allow the CSOC Program to implement changes incrementally or to pilot changes prior to system wide implementation.

In 2009, the State issued a new RFP for the CSA following much community, provider, and stakeholder input.

In 2012, State restructuring efforts included the integration of substance use services and services to individuals with intellectual/developmental disabilities that were coordinated by the Department of Human Services into CSOC. By January 2013, all services for children with intellectual/developmental disabilities under 21 years of age were fully transitioned to CSOC. A subset of substance use services funded by the State for adolescents under 18 years of age was transitioned in July 2013. The transition of additional substance use services is ongoing.

Also, in 2012 New Jersey was approved by the Centers for Medicare and Medicaid Services (CMS) in accordance with section 1115(a) of the Social Security Act to implement an 1115 waiver entitled "New Jersey Comprehensive Waiver", which included many components that are managed by the CSA, including an Autism Spectrum Disorder (formerly known as Pervasive Developmental Disorder) program, a DD/ MI program, and a Serious Emotional Disturbance (SED) program. Copies of the Comprehensive Waiver documents and Terms and Conditions documents can be found on the DHS website at <http://www.state.nj.us/humanservices/dmahs/home/waiver.html>.

By 2013, all services for children with intellectual/ developmental disabilities under 21 years of age transitioned to CSOC, as well as a subset of substance use services funded by the State for adolescents under the age of 18.

At the time of this RFP release, the CSA is administering a system of care that manages the care for children, youth, and young adults with behavioral health, substance use, and intellectual/developmental disabilities service and support needs. In addition, all programs of the Comprehensive Medicaid Waiver noted above are being implemented.

POPULATION SERVED BY CSOC

The populations served by the CSOC are children, youth, and young adults (under 21) who demonstrate a need of the services offered by the DCF/CSOC. Eligible CSOC participants, as defined by the DCF, are children, youth, and young adults with emotional and/or behavioral health challenges, intellectual/developmental disabilities (must have been determined eligible (N.J.A.C. 10:196), and/or substance use challenges. Except in limited circumstances (i.e. some court ordered services), all services and supports are voluntary.

Youth may initially enter the public system through the services provided through CSOC without previously accessing any of the public system service networks. In many instances however, youth may already be involved with various child serving systems, including, but not limited to, the State's juvenile justice system, the State's child protection system, the intellectual/developmental disability system, the substance use system, the educational system, or the mental health system. Youth may live with their biological families, in a kinship arrangement, or may be under the auspices of the children's crisis screening center, a juvenile detention center, a shelter, in foster care (known in New Jersey as a resource family), or in any other community or treatment setting. Youth may or may not be involved with the special education program in their local school district.

Excluded from the CSOC are youth who do not meet the eligibility requirements established by the DCF/CSOC, including youth who are determined not to be New Jersey residents.

Demographic information is available in Attachment D – New Jersey Demographics and Statistics.

INTEGRATION AND COLLABORATION

DCF/CSOC is committed to continuing to work toward the integration and collaboration with systems partners to improve access to CSOC, while increasing its ability to measure the effectiveness of its services. DCF/CSOC is continually working towards increasing collaboration and integration with regional and local stakeholders as well to improve the quality of services; to assure access; to provide strength-based services to special needs populations; to develop valid service outcome measures; to heighten the awareness of the need for culturally competent services; to continue to strengthen family support, advocacy, and parent participation in all levels of policy development and planning; and to enhance data gathering capabilities regarding youth involved in the DCF/CSOC services.

DCF/CSOC facilitates the provision of services to the target populations through collaboration and integration with relevant State and governmental agencies and providers, including, but not limited to: Division of Child Protection and Permanency (DCP&P), Division of Family and Community Partnership (DFCP), Department of Education (DOE), Department of Children and Families' Office of Education (DCF/OOE), Department of Human Services' Division of Medical Assistance and Health Services (DMAHS), Division of Developmental Disabilities (DDD), Juvenile Justice Commission (JJC), Division of Mental Health and Addiction Services (DMHAS) and the Administrative Office of the Courts (AOC). Information on the services provided by these agencies is accessible through the New Jersey State Website www.nj.gov.

FUNDING

DCF/CSOC funding for the CSA comes from a variety of sources including both State and federal funds. All funding is subject to the legislative appropriation process and DCF/CSOC does not anticipate an increase in legislated appropriations for the purpose of this program.

CURRENT MANAGEMENT INFORMATION SYSTEM (MIS)

The current MIS is a web-based platform that allows users real time access to information about youth and is based on a software system referred to as CYBER. CYBER is housed on HP Servers and utilizes SQL-Server database. As of December 31, 2013 the system supports approximately 228,505 case files. In 2013, an average of 2,086 new recipients were added each month.

Attributes of the current MIS include:

- a. production server capacity CYBER (without docs) of 400G;
- b. production CYBER database size of 100G;
- c. production interface database size of 16G (variable based on import data file size);
- d. production total interface server capacity of 1TB, image server capacity (document upload) of 750G; and
- e. production report warehouse of 70G.

The current MIS system supports over 20,000 users across all twenty-one (21) counties in the state as well as out-of-state providers treating New Jersey's youth. Users include, but are not limited to, staff from DCF/CSOC, DCP&P, DMAHS, Family Support Organizations (FSOs), network providers, contracted providers (care management agencies, mobile response agencies, family support service agencies (DD), inpatient and outpatient treatment providers, and OOH treatment providers.

The current MIS interfaces with the following systems:

- a. Medicaid Management Information System (MMIS) for NJ FamilyCare (Medicaid) eligibility files from the New Jersey Office of Information Technology (OIT). Full files are received monthly and weekly. A full file for Medically Needy records is sent on a weekly basis. A full file of Categorically Needy records is sent on a monthly basis with updates sent daily; Eligibility Records are sent to OIT daily and we receive Net New records on a daily basis, a full file on Medically Needy on weekly basis and full file on Categorically needy on a monthly basis;
- b. Interface with Fiscal Agent for DMAHS' MMIS :
 1. Youth's Cross Reference File from Fiscal Agent on a daily basis;
 2. Two claims data files from Fiscal Agent, pharmacy claims and Fee for Service (FFS) claims containing all adjustments and voids for a designated population. These are full files, not updates;
 3. Provider File updates from Fiscal Agent on a weekly basis and the full file on a weekly basis;
 4. Response File on the status of Prior Authorizations (PA) after PA's are received by Fiscal Agent;
 5. Third Party Liability (TPL) Resource files on a weekly and monthly basis are sent by Fiscal Agent; and

The following files are produced by the current MIS:

- a. PA records are created and sent to the Fiscal Agent via batch process. These files are sent twice a week via a secure line; and
- b. Special Program Update files sent monthly with daily updates to OIT via Secure Transfer Protocol (SFTP) to update the eligibility system.

In addition, the CSA updates MIS and corrects PA records that have been accepted by Fiscal Agent, but contain errors. The corrections and updates are manually completed by contractor staff via the MMIS on a designated computer in the State Monitoring Unit (SMU). This is an arrangement coordinated by the State and the Fiscal Agent.