



REQUEST FOR PROPOSALS

FOR

**STABILIZATION AND ASSESSMENT SERVICES FOR
UP TO TWO 5-BED PROGRAMS SERVING YOUTH
WITH MENTAL/BEHAVIORAL HEALTH CHALLENGES
STATEWIDE**

Funding of up to \$2,427,250 Available

There will be a Mandatory Bidders Conference for this RFP.

Date: September 11, 2019

Time: 10:30 AM

Place: DCF Mercer North Office, 3131 Princeton Pike, Building 6, Suite 202,
Lawrenceville, NJ 08648.

Questions will be accepted in advance of the Mandatory Bidder's
Conference until September 10, 2019 by 12:00PM

Bids are due: October 30, 2019

Christine Norbut Beyer, MSW
Commissioner

July 30, 2019

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Funding Agency

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

Special Notice:

Potential Bidders must attend a Mandatory Bidder's Conference on September 11, 2019 at 10:30AM at DCF Mercer North Office, 3131 Princeton Pike, Building 6, Room 205, Lawrenceville, NJ 08648. Questions will be accepted in advance of the Bidder's Conference until September 10, 2019 by 12:00PM by providing them via email to DCF.ASKRFP@dcf.nj.gov Technical inquiries about forms and other documents may be requested anytime.

Section I – General Information

A. Purpose:

The New Jersey Department of Children and Families' (DCF) Children's System of Care (CSOC) announces the availability of up to \$2,427,250 in annualized funding for the purpose of providing statewide out-of-home Stabilization and Assessment Services for youth ages 13 through 18 with behavioral/emotional challenges due to complex trauma. **The program is not designed for youth with I/DD.** This funding is expected to provide for two 5-bed Stabilization and Assessment programs located in the community.

Applicants are to provide details regarding the implementation of a program reflective of the System of Care Values and Principles, (as available on our website at <https://nj.gov/dcf/about/divisions/dcsc/>) which in turn affects operations, policy, procedures, and implementation of the Stabilization and Assessment Services to be provided. DCF/CSOC will support applicants who successfully operationalize the principles of individualized, needs driven, and family focused care, identify strengths-based strategies and display sustainable progress throughout the course of treatment. Models of service delivery that promote persistence and creativity of professional staff are valued. Service delivery models must pay particular attention to ensure youth have a stable, predictable, familiar, consistent, and nurturing experience. Applicants can demonstrate this attention in their descriptions of staffing patterns, how they intend to recruit and retain staff (particularly milieu staff), site design, and utilization and the type, scope, and frequency of family involvement. Services that are demonstrated as effective through research, evidence-based, informed, or suggested, are required.

Applicants are advised that this program must accept youth statewide. The preference is to award one program located in the northern/central counties and one program located in southern/central counties.

Northern Region is defined as: Hunterdon, Warren, Sussex, Morris, Passaic, Bergen, Essex, and Hudson.

Central Region is defined as: Mercer, Monmouth, Ocean, Middlesex, Somerset, and Union.

Southern Region is defined as: Burlington, Camden, Gloucester, Salem, Cumberland, Atlantic and Cape May.

Each program must be able to serve both males, females, and transgender youth, as determined by need. Bedrooms, preferably five per program to maximize capacity, shall be separated by gender. It is required that there be a minimum of four (4) bedrooms. If applicants plan to submit for more than one award, separate proposals for each program are required. It is expected that each program be simultaneously opened within the mandated time frame. All funding shall be subject to the appropriation of sufficient funds and the availability of sufficient resources.

The goal is to create a short-term, highly structured, and nurturing environment with professional competencies to stabilize youth, 13 through 18 years old. The successful applicant shall demonstrate expertise working with youth engaged in the child welfare system and/or who present with complex behavioral health challenges / mental health concerns on an emergent basis and do not meet the need for an acute hospital setting. The intent is to stabilize crises in a calm and trauma informed milieu while diagnostic assessments, services, and supports that meet the youth's needs are provided. The goal of this intervention is to identify and secure an appropriate living situation for the youth (in home/out-of-home) and a plan of care. To that end, DCF is seeking proposals from universities, private or public non-profit entities, for-profit organizations to provide emergent, stabilization and diagnostic services to youth through its Children's System of Care (CSOC). This announcement seeks to maximize the utilization of these services through a transparent, clinical model paired with a rate structure consistent with national best practice.

B. Background:

The Department is charged with serving and safeguarding the most vulnerable children and families in the State and our mission is to ensure New Jersey youth and their families are safe, healthy and connected.

CSOC serves children, youth, and young adults with emotional and behavioral healthcare challenges, intellectual/developmental disabilities, and substance use challenges and their families. CSOC is committed to providing these services, based on the needs of the youth and family, in strength-based, family-focused and culturally competent/reflective community-based environments. CSOC believes that the family or caregiver plays a central role in the health and well-being of children, youth, and young adults. CSOC involves families/caregivers/guardians throughout the planning and treatment process to create a service system that values and promotes the advice and recommendations of

the family, is family-friendly, and provides families with the tools and support needed to create successful and sustainable life experiences for their children, youth and young adults. All services within the New Jersey Children's System of Care are expected to function under the aegis of the Wraparound Practice and the values and principles of the System of Care approach. Staff providing services are also required to become familiar with and trained in the *Nurtured Heart Approach* and *the Six Core Strategies to Reduce the Use of Seclusion and Restraints*.

C. Services to be Funded:

1. Target Population and Admission Criteria:

Youth are to be between the ages of 13 through 18 with emotional and behavioral health challenges / mental health concerns, primarily as a result of complex trauma. The youth is determined to need stabilization services as evidenced by **one** of the following:

- Youth was removed from the home by the DCF Division of Child Protection and Permanency (DCP&P) as a result of issues of abuse or neglect, including exposure to family violence, AND cannot be admitted to a resource home, shelter or live with family members with therapeutic supports services, such as Mobile Response and Stabilization Services (MRSS) due to presenting behavioral health needs;
- Youth was deemed by local screening center as not in need of psychiatric hospitalization, but the family/caregiver cannot safely care for the youth at home.

OR

The youth is determined to need stabilization services as evidenced by **both** of the following:

- Youth's behavioral health needs prevent them from being safely cared for in his/her home with therapeutic supports services, such as Mobile Response and Stabilization Services (MRSS) or through the Care Management Organization (CMO), and without this immediate intervention would be at risk of homelessness or hospitalization;

AND

- Youth is unable to adequately function in significant life domains: family, school, social, or recreational activities due to his or her mental health diagnosis and/or presenting behaviors and requires immediate stabilization, close supervision, assessment and targeted clinical/behavioral interventions;
- Behaviors may include but are not limited to: frequently missing from home

or a program; property destruction; physical/verbal aggression (towards other youth and caretakers); sleep disorders; cruelty to animals, self-injurious behaviors; at risk of or suspected involvement in sexual exploitation, and sexually reactive behaviors. Certain behaviors (such as recent fire setting) will need to be considered on an individualized basis. Youth may have active involvement with the Juvenile Justice System;

- The youth may present with stabilized medical needs, including but not limited to, seizure disorder, diabetes, asthma, etc.; and
- The youth may be educationally classified or non-classified.

2. Exclusionary Criteria:

Youth presenting with behavioral challenges and intellectual and/or developmental disabilities or determined eligible or presumptively eligible for CSOC Developmental Disability services will be assessed for treatment within existing CSOC Crisis Stabilization and Assessment Services for Youth with I/DD.

3. Resources:

An awardee for this Request for Proposal is expected to provide a comprehensive array of supports and services to operationalize a short-term Stabilization and Assessment Services program for youth engaged in the child welfare system and/or who present with complex behavioral health challenges / mental health concerns on an emergent basis and do not meet the need for an acute hospital setting.

Setting

Stabilization and Assessment Services will be provided in community based homelike settings. The program must have the ability to meet the cultural and linguistic needs of youth and their families. Funding is available for two (2) five-bed Stabilization and Assessment programs located in the community for both males, females and transgender youth, 13 through 18 years old. This program will accept youth statewide. The objectives for the program are to:

- Stabilize the immediate crisis; engage with the youth so that they feel as comfortable and safe as possible in a new setting;
- Provide comprehensive diagnostic assessments, which includes a Bio Psychosocial Assessment (on CSOC template) that results in an individualized service plan (ISP) that is strength-based, youth centered, family-driven, and goal-oriented;
- Provide a consistent and predictable environment with intensive support and supervision and in which there is an understanding of the trauma the youth may have experienced, either explicit or implicit;
- Initiate the ISP within 7 calendar days of admission;

- Outline short term stabilization goals while pursuing plans for long term stabilization at home or in an alternate out of home living situation;
- Initiate, prior to the youth's transition from the program, a skill building routine in preparation for their return home (preferred) or to an alternate out of home living situation;
- Provide transportation, if needed, to bring the youth to the Stabilization and Assessment program;
- Maintain the youth in their home school district when possible;
- Establish close and robust collaboration with the CSOC CMO and/or DCP&P to secure a timely transition from this program; and
- If not yet involved, CMO will be opened to the youth attached at time of admission.

Special Note: Current providers serving target population, inclusive of **youth ages 13-18 involved** must respond to this RFP and be awarded a program or CSOC will end its contract funding for the provider's current EDRU program. If an existing provider serving this target population, inclusive of **youth ages 13-18 involved**, fails to respond or is not awarded a program through this RFP, CSOC and DCF's Office of Contract Administration will work with the provider to develop a transition plan in preparation of the contract's termination.

Length of Stay

The projected length of stay is anticipated to be 45 days, although length of stay may certainly be shorter. If the youth requires a longer stay, the CMO/DCP&P and the Provider may request an additional 45-day authorization.

Number of Bedrooms

Single bedrooms are expected in order to maximize capacity and provide each youth with their own space. It is the goal to place the same sex in each bedroom; however, the admission must be made recognizing gender identity. Bedrooms, preferably five per program to maximize capacity, shall be separated by gender. It is required that there be a minimum of four (4) bedrooms.

4. Contract Requirements:

Referrals and Admission

Referrals shall be received from a DCF Liaison from DCP&P or CSOC and authorized by PerformCare, the Contracted System Administrator (CSA). Referrals shall be made after clinical triage. The awardee(s) for this program are expected to demonstrate how admissions will occur and trauma imbued interventions will be provided on a 24/7/365 (including weekends and holidays) emergent basis. All referral information may not be available and is hence not required as a prerequisite to admission.

The awardee(s) shall provide stabilization support services, diagnostic assessments, and therapeutic supports and services specific to youth with behavioral health challenges / mental health concerns based on individual need, including but not limited to:

Assessment

Diagnostic assessments are an essential component for the establishment and identification of an appropriate living situation (in-home/out-of-home), services, and supports to meet the youth's needs. The provider will be required to complete assessments which include:

- Bio Psychosocial Assessment (CSOC template);
- Nursing Assessment;
- Nutritional Assessment; and
- Psychiatric Evaluation

In addition, the following assessments/ evaluations shall be provided/obtained, on an expedited basis through provider or affiliation agreement (Specialized Evaluators) as deemed necessary by the treatment team:

- Psychological evaluation;
- Neurological evaluation;
- Psychosexual evaluation, by a Licensed Psychologist with a specialization in this area;
- Fire setting evaluation, by a Licensed Psychologist with a specialization in this area;
- Life skills assessment including outcome measures for Ansell-Casey or Botvin Life Skills where applicable; and
- Other assessment may be indicated. Clinicians must be familiar with the array of considerations.

Specialized Evaluator affiliation or contract agreements should be provided as an Appendix item, if available.

Treatment

All Stabilization services and interventions must be directly related to the goals and objectives established in each youth's initial Individual Service Plan (ISP)/care plan, which is developed by the Child/Family Team/Family Team Meeting (CFT/FTM) in collaboration with the provider agency. CSOC firmly believes that family/caregiver involvement is extremely important and, unless contraindicated, should occur from the beginning of treatment and continue as frequently as possible, as determined appropriate in the ISP/care plan. Interventions must address the etiology of the youth's presentation with the meta-perspective of both implicit and explicit trauma.

The plan from the provider shall identify the youth's interests, preferences, and needs in the following areas, as determined appropriate by the youth, family/caregiver and the Child/Family Team: physical and emotional well-being, risk and safety factors, nutrition, personal care needs, educational abilities,

recreation and leisure time, community participation, communication, religion, culture, social and personal relationships and any other areas important to the youth and their family. Treatment modalities will focus on supporting and assisting the youth in achieving greater independence and fulfillment in her/his life, while improving their functioning, participation, and reintegration into the family home/resource home (preferred) or potentially transitioning to an alternate out of home living situation.

The ISP is an integrated plan of care, and is reflective of:

- Appropriate training/coaching for the youth and caregivers/staff to meet the individual's behavioral and emotional needs;
- Referrals for medical, dental, and additional clinical evaluations, as indicated;
- Instruction in learning, frustration, tolerance and expression, which may include emotion regulation;
- Instruction in stress reduction techniques/positive coping skills;
- Problem solving skill development;
- Psycho-educational services to improve decision making skills to manage behavior and reduce risk behaviors;
- Pro social skills development;
- Instruction in Life Skills and/or Vocational Training;
- Implementation of identified strategies in the individualized treatment plan; and
- Support and education of the parent/guardian/caregiver to successfully implement an individual treatment plan and other support services as needed in transitioning the youth back home or to an alternative living arrangement.

Through this RFP, CSOC is also asking prospective applicants to consider the continuum of care from stabilization of the initial presenting crisis to the goal of returning home (preferred) or to an alternate out of home setting. Stabilization service providers must be able to safely address complex trauma and challenging behaviors including but not limited to: frequently missing from home or another OOH setting, property destruction, physical/verbal aggression, self-injurious behaviors, cruelty to animals, at risk of or involved in commercial sexual exploitation of minors (CSEC), at risk of or involvement in juvenile justice system, and sexually reactive behaviors.

Services shall include, but are not limited to:

- Stabilization services and supports;
- Bio psycho social assessment, including diagnosis;
- Comprehensive crisis planning, including but not limited to prevention, de-escalation, intervention, and debriefing;
- Psychiatric treatment services, including routine and emergency psychiatric evaluations, medication evaluations, and prescription adjustments;
- Medication monitoring;

- Psychiatric consultation (including input into the clinical component of an individualized treatment plan developed by the multidisciplinary treatment team);
- Individual, and group therapies that are age appropriate for the target population;
- Family therapy i.e. structured family therapy and modeling;
- Allied therapies;
- Trauma imbued therapy;
- Nutritional assessment upon intake;
- Access to other services (including but not limited to psychological testing, medical services, etc.);
- Structured recreational activities;
- Linkage to the youth's current school (preferred);
- Robust collaboration with CMO, DCP&P, and other system partners such as probation in which the partners attend weekly team meetings and provide the necessary services upon transition to each individual youth according to need as identified by the Child Family Team (CFT);
- Timely transition planning; and
- Coordination with the Child Study Team.

All youth shall have daily contact with clinically licensed professionals who are in regular consultation with the family/caregiver and psychiatrist. While youth may not necessarily receive individual talk therapy on a daily basis, the program therapist shall provide other means of therapeutic support that may consist of developmentally appropriate treatment strategies. Applicants shall provide the clinical approaches to be utilized. The clinical professionals will also provide daily observation, assessment, and intervention when needed in support of the youth and milieu staff. Providers shall provide up-to-date knowledge and evidence-based interventions designed to address the treatment needs of youth appropriate for this program. Treatment/intervention is provided with the understanding that good mental health and positive relationships are essential to the overall health of the youth. Documentation of interactions is required. In the event that the youth is not willing or unable to participate in the therapeutic interventions offered, these instances must be documented as well as the strategies being used to encourage participation in therapeutic support and treatment.

Reduction of Seclusion and Restraint Use

DCF/CSOC is concerned with the utilization of seclusion and restraint in out of home treatment settings. The reduction of seclusion and restraint (S/R) use has been given national priority by the US government and the DCF/CSOC through its Substance Abuse and Mental Health Service Administration (SAMSHA) grant. S/R is viewed as a treatment failure rather than a treatment intervention. It is associated with high rates of patient and staff injuries and is a coercive and potentially traumatizing and re-traumatizing intervention with no established therapeutic value.

The DCF/CSOC is committed to the reduction and ultimate elimination of the use of seclusion and restraints. This RFP requires applicants to describe how they will begin

working toward that goal and what methods of de-escalation will be developed and documented. The use of police intervention needs to be clearly defined, as the CSOC understands their potential role, but does not recognize this as a hands-off approach.

The Six Core Strategies for Reducing Seclusion and Restraint Use is an evidence-based model that was developed by the National Association of State Mental Health Program Directors (NASMHPD) and has successfully reduced the use of S/R in a variety of mental health settings for children, youth and young adults and adults across the United States and internationally. **Applicants are required to submit as part of the Appendices a summary of no more than three (3) pages that describes how this model will be implemented within their program model. The summary must address the following six core strategies:**

- 1) Leadership Toward Organizational Change;
- 2) Use of Data to Inform Practice;
- 3) Workforce Development;
- 4) Use of S/R Prevention Tools;
- 5) Consumer Roles in Inpatient Settings; and
- 6) Debriefing Techniques.

Additional information on *The Six Core Strategies for Reducing Seclusion and Restraint Use* can be located via the following link:

<http://www.nasmhpd.org/sites/default/files/Consolidated%20Six%20Core%20Strategies%20Document.pdf>

The awardee is responsible for participating in the trainings and for the implementation of the Nurtured Heart Approach* and Six Core Strategies to Reduce Seclusion and Restraints

**Offered through CSOC Training:*

<https://www.nj.gov/dcf/providers/csc/training/CSOC-Training.Course.Catalog.pdf>

Healing Centered Care

CSOC is particularly concerned with the management, treatment, and sequelae of trauma that affects so many youth. Youth who present with challenges requiring services should also be understood in terms of their experiences of trauma and consequent difficulties in forming and maintaining healthy attachments. Individuals referred to this program have historically been subjected to other types of traumatic events, including but not limited to:

- Separation from primary relationships at an early age;
- Loss due to early and/or multiple significant separations, such as removal from the home due to abuse/neglect, unsuccessful adoptions, etc.;
- Multiple placements with family members or resource homes;
- Exposure to family violence;
- Human trafficking and other exploitation;

- Significant medical issues/procedures; and
- Multiple screenings and/or hospitalizations.

Applicants must describe models of intervention that actively treat both underlying (both implicit and explicit) trauma and consequent dysregulation and attachment issues. Trauma affects youth in a multitude of ways, such as disruption in emotional responses, behavior, cognition, physical health, self-concept and future orientation. Applicants must be cognizant of this fact and describe how they plan to assure the safety, predictability, and comfort of this vulnerable population.

System Partners Collaboration

An overriding goal of the Stabilization and Assessment Service is to facilitate coping skills, pro social skills, and life skills so that the youth can live, learn, and participate in their communities with sufficient coping mechanisms. It is also paramount that youth return to their own communities and families/caregivers within the shortest period possible. This will require close and consistent collaboration with the CMO and DCP&P. **Within the proposal narrative applicants shall provide a clear and detailed plan on how they will collaborate with system partners to ensure the youth's timely transition from this short-term program.** Out of home care is an intervention and should not be seen or considered as permanent. CSOC requires that all Stabilization and Assessment service providers comply with the following programmatic requirements and operational criteria.

5. Course and Structure of Treatment:

Of primary importance is the establishment of a CFT/FTM (Child Family Team/ Family Team Meeting) with specific and delineated functions. The treatment team **must** include, but is not limited to the following individuals:

- Youth;
- Family members/caregivers;
- Natural supports as identified and selected by the youth and family when possible;
- CSOC Care Management Organization (CMO);
- DCP&P Case Management entity (if involved);
- CSOC Mobile Response and Stabilization Services (if applicable);
- Probation Officer if applicable;
- Psychiatric Care Provider*;
- Nurse (Supervising RN);
- Allied Therapist(s);
- Milieu staff;
- Educational professionals;
- Licensed clinicians;
- Program Director;
- Program Transition Specialist; and

- DCP&P and/or the CMO will ensure that families/caregivers are supported and integrated into the ongoing care, treatment and planning for the youth.

*A Psychiatric Care Provider is a Child and Adolescent Board-Certified Psychiatrist or an Advanced Practice Nurse (APN) with a psychiatric specialty whose Collaborative Agreement describes the population of children served, the likelihood of complex and/or emergent psychiatric decision making, and the availability of an M.D. for consultation. Where the term, “psychiatrist” is used, an APN that meets these standards is also acceptable. Information Management Decision Support (IMDS) is to be completed within the first 24 hours of admission:

- If a full admission packet is not available at time of admission, a meeting will be held to ensure all relevant information required to inform assessment and treatment activities is provided to the treatment team. The meeting should involve all available parties, including the youth, family/legal guardian(s), DCP&P, CMO and other relevant supports.
- Youth will be open to CMO at time of admission, if not already active with CMO.

Within the first 48 hours of admission:

- The IMDS Strengths and Needs Assessment will be completed.
- The initial treatment and crisis plans will be completed, and copies provided to the youth and family.
- A nursing assessment will be completed and incorporated into the initial treatment and crisis plans.
- Appropriate Medical Assessment will be completed if a recent one (within 72 hours) does not accompany the youth.
- The youth and his/her family will be oriented to the services.
- All necessary consents and releases will be completed and filed.
- The youth’s home school will be contacted to determine if the youth can continue as a student; coordination of transportation will be initiated as determined by the child family team.
- Outreach from the Program Transition Specialist to the family, DCP&P and CMO to begin discussion regarding transition planning for the youth.

Within 72 hours of admission:

- A psychiatric assessment, report, and recommendations will be completed.
- A bio psychosocial assessment (utilizing the CSOC template) and accompanying recommendations will be completed as needed.
- A comprehensive safety/soothing plan will be developed for each youth in collaboration with the family/care giver/DCP&P/CMO. The crisis plan will identify triggers and provide specific interventions for staff. This crisis plan shall be updated on a regular basis.

Within the first seven days of admission:

- A treatment team/child family team meeting, which should include the youth, family/caregiver, DCP&P, CMO and other appropriate team members, will be conducted and a comprehensive treatment and transition plan that integrates all the treatment team's input, assessments and recommendations will be completed. The treatment plan shall be infused with youth voice and shall contain clearly delineated goals and objectives with specified timelines and benchmarks for success, including a detailed description of the treatment goals that must be attained for the youth to be considered transition ready.
- A Nutritional screening will be completed.
- A Psychological evaluation will be completed as is deemed necessary.
- Educational programming will be arranged (if youth cannot remain at current school).

Each day:

- Comprehensive and well-documented communication regarding significant events, youth's behaviors, and other relevant information will be provided for each shift.
- During the change of shifts, meetings will be convened to monitor the emotional well-being of each youth.
- All youth will be properly supervised; a ratio of 1 milieu staff for every 3 youth (1:3 ratio) must be maintained at all hours with a minimum of 2 awake staff on at all times - including while youth are asleep. The program must demonstrate the capacity to provide 1:1 supervision as needed. Required supervision ratios must be maintained during crisis situations.
- All youth will be engaged in structured skill building activities tailored to meet their individual needs. Participation will be documented daily.
- Medication will be dispensed and monitored as prescribed.
- Youth will be transported to medical appointments, family time, community outings, and any other off-site requisite activities as needed.
- The therapeutic staff will have face-to-face contact and "check-in" daily with each youth.
- The Program Transition Specialist will have a daily check-in with staff to obtain necessary updates for transition planning.
- Families/care givers/DCP&P/CMO will be apprised of the youth's care and progress.

All required documentation and activities will be provided in accordance with applicable licensing regulations and the Addendum to Administrative Order 2:05, which address the reporting of Unusual Incidents.

Prior to a youth's transition:

- The team will provide a "step down" action plan that details week-to-week

activities supporting a smooth and planful transition from treatment. At a minimum, the action plan must include:

- More than two (2) meetings of the stabilization and assessment services treatment team to discuss youth and family strengths, continuing goals, successful strategies, and potential pitfalls;
 - “Set back” plan for times during the transition phase during which a youth and/or family encounter challenges that make transition appear compromised. This plan will identify the critical staff necessary to re-focus, rally, and support the youth and family through to transition; and
 - Action steps that youth and family will take to build on successes and achievements that were accomplished during treatment.
- For those youth being transitioned home and into the community, services from an Intensive In-Community (IIC) clinician will/may be built into the community plan. To provide for a seamless transition back home or to a resource home, for applicable youth, the IIC/ in-home service provider will require access to Stabilization and Assessment services program, at a minimum of two weeks prior to transition out. The IIC clinician will be required to gather information via observation and interaction with the youth at the Stabilization and Assessment service program accompanied by the awardee(s)’s program staff and any other treatment team members (nurse, dietician, etc.), review clinical records, gain understanding of the youth’s strengths and needs and family dynamics. This would be an introduction for the IIC clinician to the youth prior to going into the home and equipping the IIC clinician with a strong understanding of the youth’s treatment needs and care plan. This enables the IIC to work closely with the parents on the ongoing care plan, provide modeling and modify it where needed more quickly. The mutual familiarity provides a sense of security and increased confidence for the family. After a distinct period of time, as determined in the ISP, the IIC would begin to titrate out and return on an as needed basis as indicated in the plan of care. If there are geographic or other barriers that hinder linkage to IIC prior to discharge, details surrounding creative solutions shall be addressed in the comprehensive transition plan. Proposal should include if bidder has IIC clinicians on staff, as this will aid in both communication and a smooth transition.

6. Staff Retention:

Turnover rates have an effect on quality of services provided. Outcomes for youth are improved where there is staff retention as developing a connection can be an intervention by itself. Competitive compensation for employees is more likely to attract seasoned applicants and maintain a consistent, highly qualified and experienced team. It is imperative that providers of out-of-home treatment services create a structural business framework in which turnover is minimized, particularly of direct care/milieu staff and

clinicians. This includes adequate support and supervision, training, incentives and competitive salary offerings.

Applicants are required to include a summary (no more than one page) which describes steps in place to enhance staff retention, as an Appendix item.

7. Staffing Structure:

The Agency CEO or equivalent is required to sign, date, and submit Attachment 1 “Stabilization and Assessment Services Staffing Attestation” with the proposal. This document is attestation that you will meet the minimal requisite staffing, credentials, and experience consistent with the scope of services delineated in this RFP.

The following are the minimum requisite requirements and activities by staff title. These guidelines are not to be interpreted as comprehensive of the total responsibilities each staff member will manage. Applicants must demonstrate, through the proposal Narrative, related documentation contained in the proposal and any necessary letters of affiliation that the standards outlined below and, in this RFP, will be met.

Proposals without the **signed “Stabilization and Assessment Services Staffing Attestation, Attachment 1,”** will not move to the evaluation process.

A Board-Certified Child Psychiatrist or Psychiatric APN in affiliation with a Board-Certified Child Psychiatrist will provide:

- 1.25 clinical hours per week to each youth; 75% of which must be face-to-face time with youth and/or families (if the youth refuses or is unable to attend, the reason must be documented);
- Psychiatric intake assessment and report (within the seven days);
- Initial treatment and crisis plan (within the first 24 hours);
- Medication management meetings (monthly);
- Clinical visit with youth as needed; clinical visit with family, as needed;
- Attend treatment team meeting (monthly); and
- 24/7 availability by contract.

A Pediatric Advanced Practice Nurse or Pediatrician (MD, Board Certified/Board Eligible /APN. NJ licensed, board certified) will provide:

- Pediatric assessment and report (within the first 24 hours); and
- 24/7 availability by contract

Licensed clinician(s) (LCSW, LPC, LMFT or Psychologist) who is clinically licensed to practice in NJ OR a master’s level practitioner with appropriate licensure (MSW must have LSW licensure and MA/MS must have LAC licensure)

who is three years or less from NJ clinical licensure and is practicing under the direct and on-site supervision of a clinician who is clinically licensed to practice and provide clinical supervision per board regulations in NJ. The Clinician position(s) must provide a minimum of eight (8) hours per week (6 hours face-to-face interaction and 2 hours to document the interaction) for each youth and be available via telephone for emergency consultation.

The Clinician will provide:

- CSOC Bio psychosocial assessment and report uploaded to Cyber, (the electronic health record described at <http://www.performcarenj.org/provider/index.aspx> within seven days of youth's admission);
- IMDS Strengths and Needs assessment (within the first 24 hours);
- Initial treatment and crisis plan development, documentation and consultation (within the first 24 hours of admission);
- Initial treatment and crisis plan debriefing with family and youth (within the first 24 hours of admission);
- Comprehensive treatment and discharge plan development, documentation and consultation (within the first week);
- Positive Behavioral Supports (daily);
- Individual therapy as applicable (weekly) (if the youth refuses or is unable to attend, the reason must be documented);
- Group therapy as applicable (weekly);
- Family therapy with family of origin or natural supports (weekly);
- Skill building, including but not limited to: problem solving, decision making, social skills, stress reduction, frustration tolerance, anger management (weekly);
- IMDS assessment review and update (monthly);
- Attend and direct treatment team meeting (monthly); and
- Will provide a minimum of eight (8) hours per week (6 hours face-to-face interaction and 2 hours to document the interaction) for each youth and be available via telephone for emergency consultation.

Milieu staff - bachelor's level practitioner(s) or high school graduate(s) with 3-5 years of experience providing direct care to youth with behavioral health challenges in a behavioral health agency or institutional setting, will provide:

- 112 hours per week per youth (represents multiple FTE's. Minimum of two awake staff at all times, including community trips);
- Youth orientation (within the first 24 hours of admission);
- Milieu activities (daily);
- Community integration via focused, age appropriate recreational activities (weekly);
- Direct client supervision (daily);

- Attend treatment team meeting (monthly);
- Data collection (daily, as indicated);
- Provision of Ansell-Casey or Botvin Life Skills training: a minimum of 3 hours weekly.

Allied Therapies (music, art, movement, recreation, occupational, vocational, combination thereof). Professional(s) (licensed when applicable) will provide:

- 6 hours of Allied Therapy per youth must be offered each week as part of a group activity (if the youth refuses or is unable to attend, the reason must be documented); Recreation/Leisure Assessment and report (within the first week);
- Allied activities that are based on the cognitive and emotional needs of the youth in the milieu and require identified outcome measures;
- Activities shall be structured and guided and participatory in nature; examples may include, but not limited to, yoga, movement, music, art therapy, vocational, etc.;
- Allied activities must be directly related to the youth's treatment planning needs; and
- Allied therapies may occur both on grounds and within the community; The individual providing a particular allied activity should hold credentials, where appropriate, and must follow the requirements for screening/background checks.

Program Transition Specialist - bachelor's level practitioner(s) with 3-5 years relevant experience or an unlicensed master's level practitioner with 1-year relevant experience will provide:

- 7 hours per youth per week if the youth or family refuses or is unable to participate, the reason must be documented;
- Conduct family orientation in the first 24 hours;
- Review and sign of all required paperwork and consents within the first 48 hours of admission;
- Demonstrate collaborative relationships with system partners including CMO and DCP&P (if involved) and knowledge of system of care procedures and resources;
- Daily check in with program staff to obtain necessary information for transition planning;
- Contact with parent/caregiver at minimum twice per week in order (more frequently as deemed necessary) to discuss status of their youth's transition plan;
- Provide, as needed, on-site family psycho educational activities tied to comprehensive treatment and discharge plan monthly;
- On a weekly basis, will gather input from all team members and enter a weekly summary in the youth's progress notes within CSOC's CYBER

- electronic health record (EHR); and
- Attend treatment team meeting monthly.

Nurse-health educator/Registered Nurse (RN) or a Licensed Practical Nurse (LPN) under the supervision of a RN who possesses a current New Jersey registered nursing license and one-year direct care nursing experience with youth. The responsibilities of the nurse health educator shall include, but need not be limited to, the following:

- A minimum of 2.5 hours per week per child (30% must be provided by an RN), or more as needed dependent upon the needs of the population;
- Assess the physical condition of the youth in the program under the direction of the medical director or psychiatrist and integrate findings into the youth's treatment plan;
- Provide education and support to milieu staff on the administering of medications and possible side effects, under the direction of the medical director or other physician;
- Implement the quality assurance program;
- Provide injections of medication, as needed and directed by the medical director or other physician;
- Provide a minimum of 3 hours per week per youth at the program, or more as needed dependent upon the needs of the population for health education, medication education and or psychoeducational activities;
- Nursing assessment and report (within the first 24 hours);
- Initial treatment and crisis plan consultation (within the first 24 hours and then weekly);
- Dispense medication as needed, when milieu staff is unable;
- Attend debriefing on youth status (daily);
- Health/Hygiene/ groups(weekly);
- Medication education (monthly);
- Attend treatment team meetings (monthly); and

Service/Program Director with a master's degree in a behavioral health field and three (3) years post M.A. experience with youth in an out of home setting (License preferred and at least one year of which shall be in a supervisory capacity) will:

- Attend treatment team meetings (monthly).
- Oversee all Quality Assurance/Program Improvement activities with a focus on attaining bench-mark activities for all direct care staff. and
- Dedicated to the program full-time, on-site.

8. Staff Training:

All staff must be appropriately trained in behavioral health and youth services. Required trainings must be completed within six (6) months of the date of hire include and are not limited to:

- Creating and maintaining safe, therapeutic, and nurturing environments;
- Verbal de-escalation and engagement skills;
- Proactive intervention for maintaining safety and promoting change
- Post-crisis debriefing skills;
- Treatment planning that is responsive and focused on change;
- Recommended treatment approaches (evidence based is preferred);
- Promoting positive peer culture;
- Cultural Competence;
- Information Management Decision Support Tools (IMDS);
- Understanding and Using Continuous Quality Improvement;
- Human Trafficking Identification;
- Crisis Management;
- Suicide Prevention;
- Trauma Informed Care;
- Training in Nurtured Heart Approach
 - Leadership Toward Organizational Change
 - Use of Data to Inform Practice
 - Workforce Development
 - Use of S/R Prevention Tools
 - Consumer Roles in Inpatient Settings
 - Debriefing Techniques;
- Gang Involvement;
- Adolescent Brain Development;
- Substance Use;
- Medication protocols;
- Basic First Aid and CPR;
- Health Insurance Portability and Accountability Act (HIPAA);
- Confidentiality and Ethics; and
- Identifying and reporting child abuse and neglect; (Any incident that includes an allegation of child/abuse and/or neglect must be immediately reported to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ ABUSE in compliance with N.J.S.A. 9:6-8.10).

9. Student Educational Program Planning Requirements:

The awardee will be expected to facilitate the ongoing provision of an appropriate educational program as required under federal and State education law through communication with the youth's school district. DCF does not fund educational programs

and services that youth are entitled to under those laws or provide on-site educational services for youth staff training assessment in out- of-home treatment settings. As such, the awardee will be expected to collaborate with the educational entities responsible for providing educational services and funding for those services with the youth family team. As always, the best interests and safety of the youth are the primary concerns of the youth family team. **The bidder must recognize that Stabilization and Assessment Services are intended to be short-term. As such, efforts must be made to work with the youth's school district to maintain the youth at his/her current educational placement when possible.** This will allow the youth to receive his/her educational program along with existing supports in a familiar setting with teachers and staff who know the youth and avoid further disruptions and changes that might exacerbate the underlying crisis triggering admission to services. Consistent with those responsibilities, Applicants must:

- Describe its procedures for ensuring that a youth receiving Stabilization and Assessment Services is receiving an appropriate educational program, including efforts to maintain the youth in his/her current educational placement.
- Provide a plan for collegial and proactive coordination with educational providers for both classified and non-classified youth, including procedures for ensuring that information is shared consistent with the applicable federal and State confidentiality laws.
- Applicant organizations that operate a Department of Education (DOE) approved private school for students with an IEP may enroll special education students in their Approved Private School with approval from youth's home school district. However, in these circumstances, applicants must also demonstrate that arrangements have been made with the local public-school district to enroll and serve general education students.
- Awardee(s) that do not operate a DOE approved school must demonstrate at the time of contract negotiation that a commitment has been obtained **or** how it will be obtained from the local public-school district in which the home is located to register, enroll, and educationally serve all general and special education students residing in the home. The school district may charge the individual student's parental District of Residence for the cost of the educational program and services.
- All applicants must commit to providing accurate documentation to the local school district to facilitate the educational process for students in their care. Upon registration of each student, applicants must provide the local school district with an Agency Identification Letter, a funding commitment letter from each student's parental District of Residence, and evidence of student immunization. When necessary, applicants shall provide interim transportation services to expedite school placement.

10. Student Educational Program Operations Requirements:

Assessment of school performance is an essential component of treatment planning as is involvement with school personnel to monitor the ongoing impact of treatment and to facilitate constructive ways of working with the youth.

Genuine and proactive coordination and collaboration between the awardee and educational providers is expected. To that end, applicants must describe:

- The strategies to be employed to coordinate co-occurring clinical treatment with educational planning and service delivery;
- The daily before and after school communication strategies with school staff;
- The daily support of student homework, special projects, and study time;
- The specific strategies, including responsible staff and timelines, for including families-of-origin and/or natural supports available to the youth in educational update, progress, and planning;
- The availability of computers for student use to support homework and projects;
- Mechanisms to stay abreast of the educational progress of each student;
- Problem resolution strategies; and
- Ongoing participation in the educational program of each student.

All Applicants must also articulate a plan for:

- Immediate and therapeutic responses to problems that arise during the school day;
- The supervision of students who are unable to attend school due to illness or suspension;
- The supervision of and programming for students during school breaks/vacations;
- Planned collaboration with all school personnel ensuring the youth remains in school as appropriate; and
- Adequate supervision, programming, and professional staff contact in support of home instruction as provided in accordance with educational regulation.

11. Outcome Evaluation:

This RFP represents an outcomes approach to awarding services for youth with behavioral health and emotional challenges who are engaged with or at risk of child welfare involvement. The outcome evaluation includes setting outcomes, establishing indicators, and providing a transformative experience to youth to achieve desired results and outcomes.

CSOC makes use of the IMDS tools, service authorizations, and satisfaction surveys, in measuring the achievement of system partners and achieving the primary system goals of keeping youth in home, in school, and out of trouble. Additional considerations and areas of measurement are compliant with all reporting requirements, compliance with all requirements of record keeping, advocacy on behalf of youth and families, and collaborative activities that support youth and their families. Applicants are expected to consider and articulate where necessary plans for:

- Use of the IMDS tools to inform treatment planning;
- Use of the IMDS tools to measure relative achievement and continued need;
- Mechanisms for maintaining compliance with Addendum to Administrative Order 2:05;
- Risk management mechanisms and structures such that incidents inform changes to policy, practice, and treatment;
- On-going satisfaction surveys to youth, families, and other system partners; and
- Means for identification and communication of system needs and areas of excellence to local partners and CSOC administration.

12. Youth Outcomes:

- 80% of youth will successfully transition from the program to a less restrictive setting;
- 80% of all youth will have maximum length of stay up to 45 days;
- 90% of all youth will be connected to an educational program and will regularly attend their educational program while present at the program; and
- 80% of all youth served will show improvement on identified strengths and needs domains from the time of admission to transition.

13. Quality Assurance and Performance Improvement (QA/PI) Activities:

Data-driven performance and outcomes management is a central aspect of CSOC's management of the system of care. The practice model is based on current best practices regarding out-of-home treatment for youth. In order to support sensitive and responsive management of these specialty services and to inform future practice, regulation, and "sizing", applicants to this RFP are to give outcomes special consideration in their response. Applicants must articulate a robust quality assurance and performance improvement (QA/PI) plan that includes all members of the service: youth, families, and all levels of staff. QA/PI plans and data must be submitted quarterly to CSOC. Applicants are to describe on-going QA/PI activities that reflect the capacity to make necessary course corrections in a planful and responsive fashion.

Program Outcomes: Programs must focus on transition success, (i.e.: lower intensity of service, supports coordinated prior to discharge, length of time a youth remains in program, and level of community integration).

- Program will collect “3-D” satisfaction surveys from youth, family members, and other providers for 75% percent of all youth served at two points during the service period.
- Program will conduct quarterly “health checks” through satisfaction surveys, stakeholders’ meetings, and review of SNA data. Health checks will report status, progress, and needs to the service community and CSOC.

Additional Requirements

Licensure:

Applicants must provide evidence of, or demonstrated ability to meet, all NJ Department of Children and Families and other applicable State and Federal Licensure standards. DCF Office of Licensing standards as specified in the Manual of Requirements for Children’s Group Homes N.J.A.C. 3A:56 Manual of Requirements for Children's Group Homes can be accessed at: <http://www.nj.gov/dcf/providers/licensing/laws>.

Accreditation:

CSOC requires that awarded programs be Joint Commission, COA, or CARF accredited or, if not currently accredited, achieve accreditation within twenty-four (24) months of award. If applicable, include a copy of the letter from the accrediting body regarding the agency’s accreditation status **as part of the appendix.**

NJ Medicaid Enrollment:

Applicants must have the demonstrated ability, experience, and commitment to enroll in NJ Medicaid, and subsequently submit claims for reimbursement through NJ Medicaid and its established fiscal agent, DXC, within prescribed timelines.

No Eject/No Reject Policy:

The awardee must comply with DCF CSOC No Eject/No Reject policies governing this service:

Rejection:

If the clinical supervisor or program supervisor/director wishes to challenge any referral’s appropriateness (which is made in strict adherence to the notes the provider has made in his/her Provider Information Form) due to current milieu, they may do so by sending an e-mail to the DCF CSOC Stabilization and Assessment Services liaison. DCF CSAS Liaison will review these challenges and make the final decision with the program at the time of the referral.

Ejection:

Under no circumstances may a provider transition a youth who is enrolled from their service without first contacting and receiving written approval from DCF CSOC. The facility must submit this request in writing with supporting documentation. DCF CSOC will make the final determination about disposition for the youth.

Eject/Reject Follow-up:

Careful controls and monitoring regarding the number and type of disputes will be maintained by DCF CSOC and may result in regulatory action within the contract year. Additionally, any eject/reject activities will be addressed through out contract term.

Provider Information Form:

The awardee will be required to complete a Provider Information Form (PIF) in collaboration with CSOC at the time of contracting. The PIF will reflect the obligations outlined in this RFP.

Site Visits:

CSOC, in partnership with the DCF Office of Licensing and the Office of Contract Administration's Business Office where needed, will conduct site visits to monitor awardee(s) progress and problems in accomplishing responsibilities and corresponding strategy for overcoming these problems. The awardee (s) will receive a written report of the site visit findings and will be expected to submit a plan of improvement, if necessary.

Contracted System Administrator (CSA):

The CSA is the single point of entry for the Children's System of Care. The CSA facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child and youth serving systems. The awardee must demonstrate ability to conform with and provide services under protocols, including documentation and timeframes, established by CSOC and managed by the CSA.

Organization/Agency Web Site:

Publicly outlining the specific behavioral challenges exhibited by some of the youth served by an agency may lead to confusion and misinformation. Without the appropriate context, the general public may wrongly assume that all youth are dealing with those challenges. Applicants must ensure that the content of their organization's web site protects the confidentiality of and avoids misinformation about the youth served. The web site should also provide visitors with a mechanism for contacting upper administrative staff quickly and seamlessly.

Software and Data:

All applicants are advised that any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology.

Applicants are also advised that any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

Organ and Tissue Donation:

As defined in section 2 of P.L. 2012, c. 4 (N.J.S.A.52:32-33), contractors are encouraged to notify their employees, through information and materials or through an organ and tissue awareness program, of organ donation options. The information provided to employees shall be prepared in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C. §1320b-8 to serve in this State.

D. Funding Information:

For the purpose of this initiative, the Department will make available up to two awards totaling an annualized amount up to \$2,427,250 thereafter as funding is available and contracts are renewed. Continuation funding is contingent upon the availability of funds in future fiscal years. Universities are reminded that this is a competitive process and on notice that no annual increases will be considered as part of this contract to salaries, fringe or benefits for future negotiations or contracts, unless approved by the State legislature for all contracting entities.

The per diem rate per youth is \$665 and is reimbursed on a fee for service basis. The per diem rate is all inclusive compensation and reimbursement for all services, activities, administrative and clinical to serve the youth. Medicaid billing is the payment methodology for reimbursement. Reimbursement is based exclusively on occupancy. **CSOC does not guarantee 100% occupancy.**

Matching funds are not required.

Funds awarded under this program may not be used to supplant or duplicate existing funding.

Operational startup costs are permitted and must be reasonable. Applicants must provide a justification and detailed summary of all operational start-up costs necessary to begin program operations (See under Budget section).

Any expenses incurred prior to the effective date of the contract will not be reimbursed by the Department of Children and Families.

E. Applicant Eligibility Requirements:

1. Applicants must be for profit or non-profit corporations and/ or Universities that are duly registered to conduct business within the State of New Jersey.

2. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
3. If Applicant is under a corrective action plan with DCF (inclusive of its Divisions and Offices) or any other New Jersey State agency or authority, the Applicant may not submit a proposal for this RFP if written notice of such limitation has been provided to the Agency or authority. Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action plan have been eliminated and progress maintained to the satisfaction of DCF for the period of time as required by the written notice.
4. Applicants shall not be suspended, terminated or barred for deficiencies in performance of any award, and if applicable, all past issues must be resolved as demonstrated by written documentation.
5. Applicant shall list any programs that were closed in the last eighteen (18) months and include documentation for the reasons the contracts were ended.
6. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
7. Applicants that were awarded other programs through a previous RFP within the last eighteen (18) months shall submit the status of implementation.
8. Where required, all applicants must hold current State licenses.
9. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
10. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
11. Applicants must have the ability to achieve full operational census within 90 days of award. Due to urgent need of this service, proposals should provide a clear time frame on ability to obtain site location and complete contract negotiation, Extensions may be available by way of written request to the CSOC Assistant Commissioner. **Award is subject to be rescinded if not operationalized within six (6) months of RFP award.**
12. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at: <http://www.dnb.com>
13. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFP, and the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3) may submit an application.

F. RFP Schedule:

September 10, 2019 by 12:00PM	Deadline for Email Questions sent to DCF.ASKRFP@dcf.nj.gov
September 11, 2019 at 10:30AM	Mandatory Bidders Conference
October 30, 2019 by 12:00PM	Deadline for Receipt of Proposals by 12:00PM

Proposals received after 12:00 PM on **October 30, 2019** will **not** be considered. Applicants shall submit **one (1) signed original** and should submit **one CD ROM** as indicated below.

Proposals must be delivered either:

1) In person to:

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

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

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

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

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

3) Online:

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

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

See *Standard Documents for RFPs* for forms.

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

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

G. Administration:

1. Screening for Eligibility, Conformity and Completeness

DCF will screen proposals for eligibility and conformity with the specifications set forth in this RFP. A preliminary review will be conducted to determine whether the application is eligible for evaluation or immediate rejection.

The following criteria will be considered, where applicable, as part of the preliminary screening process:

- a. The application was received prior to the stated deadline
- b. The application is signed and authorized by the applicant's Chief Executive Officer or equivalent
- c. The applicant attended the Bidders Conference (if required)
- d. The application is complete in its entirety, including all required attachments and appendices
- e. The application conforms to the specifications set forth in the RFP

Upon completion of the initial screening, proposals meeting the requirements of the RFP will be distributed to the Proposal Evaluation Committee for its review and recommendations. Failure to meet the criteria outlined above, or the submission of incomplete or non-responsive applications constitutes grounds for immediate rejection of the proposal if such absence affects the ability of the committee to fairly judge the application.

For a bid to be considered for award, at least one representative of the Bidder must have been present at the Bidders Conference, commencing at the time and in the place specified above. Failure to attend the Bidders Conference will result in automatic bid rejection.

2. Proposal Review Process

DCF will convene a Proposal Evaluation Committee in accordance with existing regulation and policy. The Committee will review each application in accordance with the established criteria outlined in Section II of this document. All reviewers, voting and advisory, will complete a conflict of interest form. Those individuals with conflicts or the appearance of a conflict will be disqualified from participation in the review process. The voting members of the Proposal Evaluation Committee will review proposals, deliberate as a group, and then independently score applications to determine the final funding decisions.

The Department reserves the right to request that applicants present their proposal in person for final scoring. In the event of a tie in the scoring by the Committee, the bidders that are the subject of the tie will provide a presentation of their proposal to the evaluation committee. The evaluation committee will request specific information and/or specific

questions to be answered during a presentation by the provider and a brief time-constrained presentation. The presentation will be scored out of 50 possible points, based on the following criteria and the highest score will be recommended for approval as the winning bidder.

Requested information was covered	10 Points
Approach to the contract and program design was thoroughly and clearly explained and was consistent with the RFP requirements	20 Points
Background of organization and staffing explained	10 Points
Speakers were knowledgeable about topic	5 Points
Speakers responded well to questions	5 Points

The Department also reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. The Department's best interests in this context include but are not limited to: State loss of funding for the contract; the inability of the applicant to provide adequate services; the applicant's lack of good standing with the Department, and any indication, including solely an allegation, of misrepresentation of information and/or non-compliance with any State of New Jersey contracts, policies and procedures, or State and/or Federal laws and regulations.

All applicants will be notified in writing of the Department's intent to award a contract.

3. Special Requirements

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

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

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

Applicants must submit **with** their response to this RFP all of the documents listed in **Exhibit C: CSOC Pre Award Documents Required to Be Submitted with a Response to an OOH RFP.**

Applicants who receive an award letter after submitting a response to this RFP **thereafter** must submit as a condition of receiving a contract, all of the documents listed

in **Exhibit D**: *CSOC Post-Award Documents Required to Be Submitted for Contract Formation if the Response to the OOH RFP Results in an Award*. **Exhibit D**, therefore, provides notice to applicants who are successful in securing an award that the listed documents will be required to be submitted to your assigned contract administrator, or maintained on site as indicated, after notice of award as a condition of receiving a contract.

H. Appeals:

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

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

no later than ten (10) business days following receipt of the notification or by the deadline posted in this announcement.

I. Post Award Review:

As a courtesy, DCF may offer unsuccessful applicants an opportunity to review the Evaluation Committee's rating of their individual proposals. All Post Award Reviews will be conducted by appointment.

Applicants may request a Post Award Review by contacting: DCF.ASKRFP@dcf.nj.gov

Post Award Reviews will not be conducted after six months from the date of issuance of this RFP.

J. Post Award Requirements:

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

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

Upon receipt of the award announcement, and where appropriate, selected applicants will be minimally required to submit one (1) copy of the following documents:

1. A copy of the Acknowledgement of Receipt of the NJ State Policy and Procedures returned to the DCF Office of the EEO/AA
2. Proof of Insurance naming DCF as additionally insured from agencies
3. Bonding Certificate
4. Notification of Licensed Public Accountant (NLPA) with a copy of Accountant's Certification
5. ACH-Credit Authorization for automatic deposit (for new agencies only)

The actual award of funds is contingent upon a successful Contract negotiation. If, during the negotiations, it is found that the selected Applicant is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the notice of intent to award may be rescinded.

Section II – Application Instructions

A. Proposal Requirements and Review Criteria:

All applications will be evaluated and scored in accordance with the following criteria:

The narrative portion of the proposal should be double-spaced with margins of 1 inch on the top and bottom and 1 inch on the left and right. **The required font is Arial 12 point.** There is a **25-page** limitation for the narrative portion of the grant application. A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements. Five (5) points will be deducted for each missing document. If the deductions total 20 points or more, the proposal shall be rejected as non-responsive. The narrative must be organized appropriately and address the key concepts outlined in the RFP. Annex B budget pages, and attachments do not count towards the narrative page limit.

Proposals may be fastened by a heavy-duty binder clip. Do not submit proposals in loose-leaf binders, plastic sleeves or folders. Proposals may not be stapled.

Each proposal narrative must contain the following items organized by heading in the same order as presented below:

1) Organization Fit (10 Points)

Describe how this current initiative is consistent with your mission and vision.

Describe how this current initiative is consistent with your past experience implementing similar initiatives.

Describe how this current initiative is consistent with your past experience working with youth and families involved with the Department of Children and Families and/or relevant projects with other State governmental entities.

Describe how this current initiative is consistent with your current programming.

Describe how the requirements of this initiative will be met through your policies implementing trauma informed practices.

- **Provide written policies implementing trauma informed practices as part of the appendix, if available.**

Provide a description of the organization's demonstrated commitment to cultural competency and diversity. The provider shall identify and develop, as needed, accessible culturally responsive services and supports. These shall include, but are not limited to, affiliations with informal or natural helping networks such as language services, neighborhood and civic associations, faith-based organizations, and recreational programs determined to be appropriate. Supervisors must be culturally competent and responsive, with training and experience necessary to manage complex cases in the community across child and youth serving systems. Explain how the provider is working toward a cultural competency plan that describes actions your agency will take to ensure that policies, materials, environment, recruitment, hiring, promotion, training and Board membership reflect the community or the intended recipients of the services you provide and promote the cultural competency of the organization and that resources and services will be provided in a way that is culturally sensitive and relevant.

2) Organizational Capacity

(10 Points)

- A. Describe how the requirements of this initiative will be met through your governance and management structure, including the roles of senior executives and governing body (Board of Directors, Managing Partners, Board of Freeholders).
- **Include a Governing Body List. (A "governing body" is any of the following: Board or Directors -or- Managing Partners, if LLC/Partnership, -or- Chosen Freeholders of Responsible Governing Body. List must be dated and include the following: names, titles, emails, phone numbers, addresses, and terms for all members of Governing Body.)**
 - **Include a current Agency-Wide Organizational Chart.**
- B. Describe how the requirements of this initiative will be met through your existing collaborations, partnerships and collaborative efforts with other community and systems partners. Provide a clear and detailed plan on how robust collaboration with CMO, DCP&P, and other system partners ensure the youth's timely transition from this short-term program.

- List any programs awarded to your agency within the last 18 months through an RFP process with DCF that are not yet implemented.
 - **Include letter of commitment or MOU as part of the appendix. (if relevant to your program) If not applicable, include a written statement.**
 - As part of the Appendix include three **(3) written professional letters of support** on behalf of the applying individual/agency specific to the provisions of services under this RFP. (That is, for example, not letters from families or individuals who previously received services from your program. Additionally, references from New Jersey state employees are prohibited.). A professional letter of support from the CMO (s) of the county(ies) you are serving is encouraged. Template/duplicate letters of support are not acceptable. Please include telephone numbers and e-mail for all references so they may be contacted directly.
- C. Describe how the requirements of this initiative will be met through your membership in professional advisory boards.
- D. Describe how the requirements of this initiative will be met in light of your current provision of services and programs that are categorized as well supported, and promising as per the California Evidence-Based Clearinghouse for Child Welfare definition (CEBC) <http://www.cebc4cw.org/>
- E. Describe how the requirements of this initiative will be met through your policies implementing Prevent Child Abuse New Jersey's Safe Child standards. The Standards are available at: <http://www.nj.gov./dcf/SafeChildStandards.pdf>
- **Include a brief (no more than 2 pages double spaced) Safe-Child Standards Description demonstrating ways in which your agency's operations mirror the Standards as part of the appendix.**
- F. Describe how the requirements of this initiative will be met through your plans for program accessibility that encompass site description, safety considerations, and transportation options.
- **Submit a description/floor plan of program space as part of the appendix.**
 - **Additional photos and/or floor plans are also welcomed-attach as part of the appendix.**
- G. Describe how the requirements of this initiative will be met through your strategies for identifying and engaging the target population and for maintaining their participation in services in accordance with need.

H. Indicate the number, qualifications, and skills of all staff, consultants, sub-awardees, and/or volunteers who will perform the proposed program activities.

Applicants must:

- Identify the Stabilization and Assessment management and describe the job responsibilities
 - Describe the proposed staffing, include daily, weekly and monthly schedules for all staff positions
 - Describe any consultants and their qualifications.
 - **Include a consultant agreement, letters of affiliation and proposed Student-School Service Provider contracts if graduate students will be involved in the provision of care as part of the appendix.**
 - **Include an organizational chart for the proposed program operation.**
 - **Include job descriptions that include all educational and experiential requirements as part of the appendix; and**
 - **Include Professional Licenses related to job responsibilities, if applicable.**
 - **Include resumes of any existing staff who will perform the proposed services as part of the appendix.**
 - **Include staff patterns as part of the appendix.**
- I. Provide a feasible timeline for implementing the proposed services as the Program Implementation Plan.
- **Include Program Implementation Plan as part of the Appendix.**
- J. Describe how the proposed program will meet the needs of various and diverse cultures within the target community based on the Law Against Discrimination (N.J.S.A. 10:51 et seq.)

3) Organization Supports

(20 Points)

- A. Describe how this initiative will be supported by your management, supervision, coaching and evaluation of staff performance.
- B. Describe how this initiative will be supported by your leveraging of the resources of providers; communities; and other stake holders.

- C. Describe how this initiative will be supported by your collection, maintenance and analysis of data, either through an identified database system or specified alternative methods (i.e. excel spreadsheets).
- D. The outcome evaluation includes setting outcomes, establishing indicators, and providing a transformative experience to youth to achieve desired results and outcomes as follows:
- 80% of youth will successfully transition from the program to a less restrictive setting
 - 80% of all youth will have maximum length of stay up to 45 days;
 - 90% of all youth will be connected to an educational program and will regularly attend their educational program while present at the program;
 - 80% of all youth served will show improvement on identified strengths and needs domains from the time of admission to transition.

Describe how this initiative will be supported by your use of the data after it is analyzed and reported to evaluate program performance (provide the name(s) of any assessment tools used).

- **Include a summary of evaluation tools that will be used to determine the effectiveness of the program services (Summary should be no more than 5 pages) as part of the appendix.**

E. Describe procedures that will be used for data collection, management and timely reporting. Provide a description of student data to be recorded, the intended use of that data and the means of maintaining confidentiality of student records.

F. **Submit a signed Attestation as an appendix (see Attachment 1).**

G. Describe how this initiative will be supported by your quality assurance and performance improvement processes, including the meaningful role of those to be served.

- **As part of the appendix, include policy or procedures regarding: timelines; program operations; and responsible staff for admission, orientation, assessment, engagement, treatment planning, discharge planning, and step down.**

H. Describe how this initiative will be supported by your willingness to engage in participatory, collaborative evaluation planning with DCF to improve and finalize outcome indicators.

- I. Submit corrective action plans requested by IAIU for established or substantiated findings within the last two years. Please be advised that the RFP Evaluation Committee may review Unusual Incident Reports (UIRs).
- J. Describe how this initiative will be supported by your training model and offerings to program staff who will be in contact with youth, including transportation staff.
- K. Training for staff shall be conducted within six (6) months of the date of hire and shall minimally include:
 - Creating and maintaining safe, therapeutic, and nurturing environments
 - Verbal de-escalation and engagement skills
 - Proactive intervention for maintaining safety and promoting change
 - Post-crisis debriefing skills
 - Treatment planning that is responsive and focused on change
 - Recommended (evidence based is preferred) treatment approaches
 - Promoting positive peer culture
 - Cultural Competence
 - Information Management Decision Support Tools (IMDS)
 - Understanding and Using Continuous Quality Improvement
 - Human Trafficking Identification
 - Crisis Management
 - Suicide Prevention
 - Trauma Informed Care
 - Training in Nurtured Heart Approach
 - Leadership Toward Organizational Change
 - Use of Data to Inform Practice
 - Workforce Development
 - Use of S/R Prevention Tools
 - Consumer Roles in Inpatient Settings
 - Debriefing Techniques
 - Gang Involvement
 - Adolescent Brain Development
 - Substance Use
 - Medication protocols
 - Basic First Aid and CPR
 - HIPAA
 - Confidentiality and Ethics
 - Identifying and reporting child abuse and neglect; (Any incident that includes an allegation of child/abuse and/or neglect must be immediately reported to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ ABUSE in compliance with N.J.S.A. 9:6-8.10)
 - **Include a Curricula Table of Contents for current and proposed**

training as part of the appendix.

4) Program Approach

(40 Points)

A. Specify a program approach that includes an overview of the proposed services and their anticipated impact on the target population, including:

Service Description

- Demonstrate the capacity to meet minimum requirements listed in “Section I: C. Services to be Funded, Course and Structure of Treatment”
- Describe the program’s the capacity to admit youth 24/7/365 on an emergent basis within hours of the referral
- Demonstrate that youth will have a stable, familiar, consistent, and nurturing experience through staffing patterns, the management of youth cohorts, site design and utilization, and the type, scope and frequency of family/caregiver involvement
- Describe how the agency will engage and sustain the involvement of family and/or natural supports.
 - **As part of the appendix, attach a Policy or Procedures regarding engaging and sustaining the involvement of family and/or natural supports.**
 - **Provide affiliation agreements with specialized evaluators, if available.**
- Articulate etiology and demonstrate the links between the intervention model, strategies and techniques specific to the target population, including complex trauma and related behaviors as described on page three (3) of the RFP
- Demonstrate how the relationships with direct care staff (as supported through team structure, supervision, and staffing patterns) will help youth move from being “managed” to being “engaged in treatment”
- Describe milieu (direct care) staff’s supervision of youth and staff/youth ratios
- Provide specifics on program’s ability to manage medically compromised youth, including staggering of nurse’s schedule
- Fully articulate the engagement and treatment models to be utilized, including the use of evidence-based, informed, or suggested interventions
- Describe documentation, mechanisms for communication, responsiveness, flexibility, and creativity of treatment teams.
- Describe the mechanisms for managing and treating aggressive behavior.
- Demonstrate experience with, understanding of, and integration of issues of trauma in youth and how it will be integrated it into the treatment plan.
 - **As part of the appendix, attach curricula Table of Contents for age and developmentally appropriate psycho-educational**

groups.

- Describe developmentally and age appropriate community-based activities the program will provide.
 - **As part of the Appendix, attach a Policy or Procedures regarding community-based activities.**
- Describe how the program will engage families in transition planning- Include how the program will work with families to access services so that the youth can transition home
- Demonstrate utilization of IIC services at the time of transition. IIC providers may be employed by the applicant or by another IIC agency
- Include a description of youth data to be recorded, the intended use of that data, and the means of maintaining confidentiality of youth records

Program Requirements for Student Education

- Due to the short-term nature of the program, it is preferred that youth maintain enrollment at their current school when available, so they continue to receive existing supports. Describe how the program will maintain youth in their current school, including the provision of transportation services.
- For youth unable to remain in their original school district describe the arrangements for or access to appropriate educational programs and services for special education and general education students.
- Articulate and clearly describe:
 - Strategies to coordinate clinical treatment with educational planning and service delivery
 - Daily before & after-school communication strategies with school staff
 - Daily support of student homework, special projects, and study time
 - Specific strategies, including responsible staff and timelines, for including families-of-origin and/or natural supports in educational updates, progress monitoring and planning
 - Availability of computers for student use to support schoolwork
 - Mechanisms to monitor the educational progress of each student
 - Problem resolution strategies
 - Ongoing participation in the educational program of each student
- Provide a detailed plan for:
 - Immediate and therapeutic responses to problems that arise during the school day
 - Supervision of students who are unable to attend school due to illness or suspension
 - Planned collaboration with all school personnel ensuring that youth remain

- in school when appropriate
- Adequate supervision, programming, and professional staff contact to support home instruction in accordance with educational requirements
- The supervision and programming for students who do not have a summer school curriculum

5) Staff Retention

(5 Points)

Turnover rates have an effect on quality of services provided. Outcomes for youth are improved where there is staff retention. Competitive compensation for employees is more likely to attract seasoned applicants and maintain a consistent, highly qualified and experienced team. It is imperative that providers of out-of-home treatment services create a structural business framework in which turnover is minimized, particularly of direct care/milieu staff. This includes adequate support and supervision, training, incentives and competitive salary offerings.

As part of this narrative, provide a brief summary (no more than one page) which describes steps taken to enhance staff retention.

6) Budget

(10 Points)

The Department will consider the cost efficiency of the proposed budget as it relates to the anticipated level of services (LOS). Therefore, applicants must clearly indicate how this funding will be used to meet the project goals and/or requirements. Provide a line item budget and narrative for the proposed program.

- **Include the Budget Narrative and Budget forms as part of the Appendices.** This will not be included as part of the 25-page limitation.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The budget should also reflect a 12-month operating schedule and must include, in separate columns, total funds needed for each line item, the funds requested under this award, and funds secured from other sources. All costs associated with the completion of the project must be clearly delineated and the budget narrative must clearly articulate budget items, including a description of miscellaneous expenses or “other” items. The proposed budget should be based on 100% occupancy and may not exceed \$1,213,625 per 5 bed program, in funds provided under this award. The facility must also assure a **generator** is installed and operational to address any power outages (to full agency capacity) that may occur. Purchase and installation of generators are acceptable as part of startup funds.

Applicants requesting one-time operational startup costs must include a detailed summary of and justification with the completed budget proposal. CSOC intends to purchase as much direct clinical care service as funding allows. CSOC acknowledges that there may be organizations with sound clinical care models that may not have the fiscal resources to incur all related costs. CSOC would be amenable to modest

participation in “facility renovations” costs and will permit reasonable **start-up** under the following conditions:

- The need must be fully presented and explained
- Costs may not exceed 5% of the award (up to \$60,681 per 5 bed program)
- All start-up costs are subject to contract negotiations. Start-up cost funds will be released upon execution of finalized contract and are paid via Schedule of Estimated Claims (SEC)
- Start-up costs **must be** delineated on separate column in the proposed Annex B Budget and be described in the Budget Narrative, attached as an Appendix

The grantee is expected to adhere to all applicable State cost principles.

Standard DCF Annex B (budget) forms are available at:

<http://www.state.nj.us/dcf/providers/contracting/forms/> and a description of General and Administrative Costs are available at <http://www.nj.gov/dcf/providers/notices/requests/>

See *Standard Documents for RFPs* for forms.

7) Reduction of Seclusion and Restraint Use

(5 Points)

The Six Core Strategies for Reducing Seclusion and Restraint Use is an evidence-based model that was developed by the National Association of State Mental Health Program Directors (NASMHPD) and has successfully reduced the use of S/R in a variety of mental health settings for children and adults across the United States and internationally.

Include a summary of no more than 3 pages that describes how this model will be implemented within the program model as part of the appendix. This can be a separate appendix and will not need to be included within the 25-page narrative.

The summary must address the following six core strategies:

- a) Leadership Toward Organizational Change
- b) Use of Data to Inform Practice
- c) Workforce Development
- d) Use of S/R Prevention Tools
- e) Consumer Roles in Inpatient Settings
- f) Debriefing Techniques

Additional information on *The Six Core Strategies for Reducing Seclusion and Restraint Use* can be located at:

<http://www.nasmhpd.org/sites/default/files/Consolidated%20Six%20Core%20Strategies%20Document.pdf>

B. Supporting Documents:

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent and should submit a CD ROM containing Word or PDF versions of

all required documents. There is a **25-page limitation** for the narrative portion of the grant application. A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements. Failure to submit any of the required documents requested in this RFP will result in a loss of five (5) points per item from the total points awarded for the proposal.

All supporting documents submitted in response to this RFP must be organized in the following manner:

Part I: Proposal	
1	<input type="checkbox"/> Proposal Cover Sheet – (signed and dated) Website: http://www.nj.gov/dcf/providers/notices/requests/#2 Form: http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc
2	<input type="checkbox"/> Table of Contents – Please number and label with page numbers if possible in the order as stated in Part I & Part II Appendices for paper copies, CD and electronic copies.
3	<input type="checkbox"/> Proposal Narrative in following order 25 Page Limitation for (1– 5) 1) Organization Fit (10 points) 2) Organization Capacity (10 points) 3) Organization Supports (20 points) 4) Program Approach (40 points) 5) Staff Retention (5 points) 6) Budget Narrative (10 points) as part of the appendix 7) Reduction of Seclusion and Restraints Narrative (5 points) as part of the appendix
Part II: Appendices: As a Condition of receiving an award, the documents below are required to be submitted with your response to the RFP in the order as presented.	
4	<input type="checkbox"/> Summary of Reduction of Seclusion and Restraint Use (Max 3 pages)
5	<input type="checkbox"/> Job descriptions that reflect all educational and experiential requirements of this RFP; salary ranges; and, resumes of any existing staff that will provide the proposed services. Please do not provide home addresses or personal phone numbers.
6	<input type="checkbox"/> Current Agency-Wide Organization Chart
7	<input type="checkbox"/> Policy or procedures regarding timelines; program operations; and, staff responsible for admission, orientation, assessment, engagement, treatment planning, transition planning.
8	<input type="checkbox"/> Three (3) written professional letters of support on behalf of the applying individual/agency specific to the provisions of services under this RFP. (That is, for example, not letters from families or individuals who previously received services from your program. Additionally, references from New Jersey state employees are prohibited.) A

		professional letter of support from the CMO (s) of the county(ies) you are serving is encouraged. Template/duplicate letters of support are not acceptable. Please include telephone numbers and e-mail for all references so they may be contacted directly.
9	<input type="checkbox"/>	Letters of Affiliation and proposed <u>Student-School-Service Provider contracts</u> if graduate students will be involved in the provision of care
10	<input type="checkbox"/>	Affiliation Agreements with <u>Specialized Evaluators</u> , if available.
11	<input type="checkbox"/>	Curricula Table of Contents for age, gender, and developmentally appropriate psycho-educational groups
12	<input type="checkbox"/>	Summary of any evaluation tools that will be used to determine the effectiveness of the program services – limit 5 pages
13	<input type="checkbox"/>	Budget Narrative (See Budget Section)
14	<input type="checkbox"/>	Copies of any audits (not financial audit) or reviews (including corrective action plans) completed or in process by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two (2) years. If available, a corrective action plan should be provided and any other pertinent information that will explain or clarify the applicant's position. If not applicable, include a written statement. Applicants are on notice that DCF may consider all materials in our records concerning audits, reviews or corrective active plans as part of the review process.
15	<input type="checkbox"/>	A copy of the letter from the accrediting body regarding the agency's accreditation status . If not applicable, include a written statement.
16	<input type="checkbox"/>	Policy regarding engaging and sustaining the involvement of family and/or natural supports
17	<input type="checkbox"/>	Policy or Procedures regarding community-based activities
18	<input type="checkbox"/>	Attestation signed and dated by the CEO or equivalent- Attachment 1
19	<input type="checkbox"/>	Proposed Program Implementation Schedule or some other detailed weekly description of your action steps in preparing to provide the services of the RFP and to become fully operational within the time specified
20	<input type="checkbox"/>	Safe-Child Standards Description of your agency's implementation of the standards (no more than 2 pages)
21	<input type="checkbox"/>	Statement of Assurances – (Signed and dated) Website: http://www.nj.gov/dcf/providers/notices/requests/#2 Form: http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc
22	<input type="checkbox"/>	Policies implementing trauma informed practices , if available.
23	<input type="checkbox"/>	Staffing patterns
24	<input type="checkbox"/>	Letter of commitment or MOU (if relevant to your program) If not applicable, include a written statement.

25	<input type="checkbox"/>	Curricula Table of Contents for current and proposed training
26	<input type="checkbox"/>	A description/floor plan of program space, if available, as part of the appendix. Additional photos and/or floor plans are also welcomed.

* Standard forms for RFP's are available at:

<http://www.nj.gov/dcf/providers/notices/requests/>

See *Standard Documents for RFPs* for forms.

Standard DCF Annex B (budget) forms are available at:

<http://www.state.nj.us/dcf/providers/contracting/forms/>

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

Click on Vendor Information and then on Forms.

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

C. Requests for Information and Clarification:

Question and Answer:

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

Questions must be submitted in writing via email to: DCF.ASKRFP@dcf.nj.gov.

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

Written inquiries will be answered and posted on the DCF website as a written addendum to the RFP at:

<http://www.nj.gov/dcf/providers/notices/requests/>

Technical inquiries about forms and other documents may be requested anytime through DCF.ASKRFP@dcf.nj.gov.

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

ATTACHMENT 1
State of New Jersey-Department of Children and Families
Stabilization and Assessment Services Staffing Attestation

1. I, (Name) _____, am the (Title) _____ of
the (Name of Provider Agency) _____.

The following are the *minimum* staffing credentials and requirements for a DCF contracted provider of Stabilization and Assessment services. This is not to be interpreted as comprehensive of the total responsibilities each staff member will manage.

Position	Qualifications	Other requirements	Hours/youth/week
Psychiatrist or APN	Board certified child psychiatrist or psychiatric APN in affiliation with a board-certified child psychiatrist.	<ul style="list-style-type: none"> • Psychiatric intake assessment and report (within 7 days) • Initial treatment and crisis plan (within the first 24 hours) • Medication management meetings (monthly) • Clinical visit with youth as needed; clinical visit with family, as needed • Attend treatment team meeting (monthly) • 24/7 availability by contract 	1.25 clinical hours per week per youth; 75 % of which must be face-to-face time with youth and/or families. (if the youth refuses or is unable to attend, the reason must be documented);
Pediatric APN or Pediatrician	MD, BC/BE/APN. NJ licensed, board certified	<ul style="list-style-type: none"> • Pediatric assessment and report (within 1st 24 hours). 	24/7 availability by contract.

<p>Clinician dedicated to the program, NJ licensed clinician(s) OR a master's level practitioner with appropriate licensure (MSW must have LSW licensure and MA/MS must have LAC licensure) (see additional description in next column)</p>	<p>NJ Licensed Clinician: LCSW, LPC, LMFT or Psychologist) who is clinically licensed to practice in NJ</p> <p>Or</p> <p>Master's Level Licensed Clinician (LSW, LAC) who is three years or less from NJ clinical licensure and is practicing under the direct and on-site supervision of a clinician who is clinically licensed to practice and provide clinical supervision per board regulations in NJ.</p>	<ul style="list-style-type: none"> • CSOC Bio psychosocial assessment and report uploaded to Cyber within seven days of youth's admission • IMDS Strengths and Needs assessment (within first 24 hours) • Initial treatment and crisis plan development, documentation and consultation (within first 24 hours of admission) • Initial treatment and crisis plan debriefing with family and youth (within first 24 hours of admission) • Comprehensive treatment and discharge plan development, documentation and consultation (within the first week) • Positive Behavioral Supports (daily) • Individual therapy as applicable (weekly) • Group therapy as applicable (weekly) • Family therapy with family of origin or natural supports (weekly) • Skill building (weekly) • IMDS assessment review and update (monthly) • Attend and direct treatment team meeting (monthly) 	<p>Minimum of eight (8) hours per week (6 hours face-to-face interaction and 2 hours to document the interaction) for each youth and be available via telephone for emergency consultation. (if the youth refuses or is unable to attend, the reason must be documented);</p>
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<p>Program Transition Specialist</p>	<p>Bachelors level practitioner(s) with 3-5 years relevant experience or an unlicensed master's level practitioner with 1-year relevant experience will:</p>	<ul style="list-style-type: none"> • Conduct family orientation in the first 24 hours; • Review and sign of all required paperwork and consents within the first 48 hours of admission; • Demonstrate collaborative relationships with system partners including CMO and DCP&P (if involved) and knowledge of system of care procedures and resources; • Daily check in with program staff to obtain necessary information for transition planning; • Contact with parent/caregiver at minimum twice per week in order (more frequently as deemed necessary) to discuss status of their youth's transition plan; • Provide, as needed, on-site family psycho educational activities tied to comprehensive treatment and discharge plan monthly; • On a weekly basis, will gather input from all team members and enter a weekly summary in the youth's progress notes within CSOC's CYBER EHR; • Attend treatment team meeting monthly. 	<p>7.0 hours per youth week per</p>
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<p>Allied Therapies (music, art, movement, recreation, occupational, vocational, combination thereof). Professional(s) will provide:</p>	<p>Licensed where applicable.</p>	<ul style="list-style-type: none"> • Recreation/Leisure Assessment and report (within the first week) • Allied activities that are based on the cognitive and emotional needs of the youth in the milieu and require identified outcome measures; • Activities shall be structured and guided and participatory in nature; examples may include, but not limited to, yoga, movement, music, art therapy, vocational, etc.; • Allied activities must be directly related to the youth's treatment planning needs; • Allied therapies may occur both on grounds and within the community; The individual providing a particular allied activity should hold credentials, where appropriate, and must follow the requirements for screening/background checks. 	<p>6 hours of Allied Therapy per youth must be offered each week as part of a group activity (if the youth refuses or is unable to attend, the reason must be documented);</p>
<p>Nurse-health educator/</p>	<p>Registered Nurse (RN) or a Licensed Practical Nurse (LPN) under the supervision of a RN who possesses a current New Jersey registered nursing license and one-year direct care nursing experience with youth.</p>	<ul style="list-style-type: none"> • Assess the physical condition of the youth in the program under the direction of the medical director or psychiatrist and integrate findings into the youth's treatment plan; • Provide education and support to milieu staff on the administering of medications and possible side effects, under the direction of the medical director or other physician; • Implement the quality assurance program; • Provide injections of medication, as needed and directed by the medical director or other physician; 	<p>A minimum of 2.5 hours per week per child (30% must be provided by an RN), or more as needed dependent upon the needs of the population;</p>

		<ul style="list-style-type: none"> • Nursing assessment and report (within the first 24 hours); • Initial treatment and crisis plan consultation (within the first 24 hours and then weekly); • Dispense medication as needed • Attend debriefing on youth status (daily); • Health/Hygiene/ groups(weekly); • Medication education (monthly); • Attend treatment team meetings (monthly); • 	
Milieu staff	BA or HS with 3-5 years' experience providing direct care to youth with behavioral health challenges in a behavioral health agency or institutional setting.	<ul style="list-style-type: none"> • Youth orientation (within the first 24 hours of admission) • Milieu activities (daily) • Community integration via focused, age appropriate recreational activities (weekly) • Direct client supervision (daily) • Attend treatment team meeting (monthly) • Data collection (daily, as indicated) • Life Skills and/or Vocational Training; • Provision of Ansell-Casey or Botvin Life Skills training: a minimum of 3 hours weekly 	112 hours per week per youth (represents multiple FTE's. 1:3 staff to youth ratio with a minimum of two awake staff at all times, including community trips. Provides 1:1 supervision as needed.
Service/Program Director	Master's degree in a behavioral health field and three (3) years post M.A. experience with youth in an out of home setting (License preferred and at least one year of which shall be in a supervisory capacity)	<ul style="list-style-type: none"> • Attend treatment team meetings (monthly) • Oversee all Quality Assurance/Program Improvement activities with a focus on attaining bench-mark activities for all direct care staff 	FT dedicated, on-site.
Assessments	Completed by qualified staff or through affiliation agreement	<ul style="list-style-type: none"> • CSOC Bio Psychosocial Assessment • Nursing Assessment • Nutritional Assessment • Psychiatric Evaluation 	

Assessments (continued)	In addition, the following assessments shall be provided/obtained, on an expedited basis through provider or affiliation agreement as deemed necessary by the treatment team	<ul style="list-style-type: none"> • Psychological evaluation • Neurological evaluation • Psychosexual evaluation, by a Licensed Psychologist with a specialization in this area • Fire setting evaluation, by a Licensed Psychologist with a specialization in this area • Life skills assessment including outcome measures for Ansell-Casey or Botvin Life Skills where applicable • Other assessment may be indicated. Clinicians must be familiar with the array of considerations
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2. By my signature below, I hereby certify that I have read and understand the *minimum* staffing requirements for a DCF contracted provider of Stabilization and Assessment services outlined in this document.

CEO or Equivalent (please print)	Title	Signature	Date
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EXHIBIT A
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)
N.J.A.C. 17:27
GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

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

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

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

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

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

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

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

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

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

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

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

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

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

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

N.J. Stat. § 10:2-1 (2012)

§ 10:2-1. Antidiscrimination provisions

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

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

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

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

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

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

EXHIBIT C

Rev. 9-17-18

**CSOC Pre Award Documents
Required to Be Submitted with a Response to an OOH RFP**

▶ CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RESPONSE:	
1	<input type="checkbox"/> Standard Language Document (SLD) (signed/dated) [Version: Rev. June 6, 2014] Form: http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc
2	<input type="checkbox"/> Business Associate Agreement/HIPAA (signed/dated under Business Associate) [Version: Rev. 9-2013] Form: http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc
3	<input type="checkbox"/> Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of Board of Directors --or-- Managing Partners , if an LLC or Partnership --or-- Chosen Freeholders of Responsible Governing Body
4	<input type="checkbox"/> Disclosure of Investigations and Other Actions Involving Bidder Form (PDF) (signed/dated) Website: http://www.state.nj.us/treasury/purchase/forms.shtml [Version 6-18-18] Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf
5	<input type="checkbox"/> Disclosure of Investment Activities in Iran (PDF) (signed/dated) Website: http://www.state.nj.us/treasury/purchase/forms.shtml [Version 6-19-17] Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf
6	<input type="checkbox"/> For Profit: Ownership Disclosure Form (PDF) (signed/dated) Website: http://www.state.nj.us/treasury/purchase/forms.shtml [Version 6-8-18] Form: http://www.state.nj.us/treasury/purchase/forms/OwnershipDisclosure.pdf
7	<input type="checkbox"/> Subcontract/Consultant Agreements related to this response - if not applicable, include a written statement
8	<input type="checkbox"/> Document showing Data Universal Numbering System (DUNS) Number [2006 Federal Accountability & Transparency Act (FFATA) Website: http://www.dnb.com Helpline: 1-866-705-5711
9	<input type="checkbox"/> Certificate of Incorporation Website: http://www.nj.gov/treasury/revenue/filecerts.shtml
10	<input type="checkbox"/> For Profit: NJ Business Registration Certificate with the Division of Revenue. See instructions for applicability to your organization. If not applicable, include a written statement. Website: http://www.nj.gov/njbusiness/registration/
11	<input type="checkbox"/> Agency By Laws --or-- Management Operating Agreement if an LLC
12	<input type="checkbox"/> Tax Exempt Organization Certificate (ST-5) -or- IRS Determination Letter 501(c)(3) Website: http://www.state.nj.us/treasury/taxation/exemptintro.shtml
13	<input type="checkbox"/> For Profit: Two-Year Chapter 51/Executive Order 117 Vendor Certification --and-- Disclosure of Political Contributions (signed/dated) [Version: Rev 4/17/15] See instructions for applicability to your organization. If not applicable, include a written statement. Website: http://www.state.nj.us/treasury/purchase/forms.shtml

14	<input type="checkbox"/>	Proposed Annex B Budget Form documenting anticipated budget (include signed cover sheet) Annex B: http://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
15	<input type="checkbox"/>	Proposed Program Implementation Status Update Form documenting anticipated implementation schedule --or-- some other detailed weekly description of your action steps in preparing to provide the services of the RFP and to become fully operational within the time specified Website for OOH Form: http://nj.gov/dcf/providers/contracting/forms/csoc.html
▶ CONTRACT DOCUMENTS TO BE SUBMITTED WITH THE RESPONSE & ANNUALLY UPDATED THEREAFTER:		
16	<input type="checkbox"/>	System for Award Management (SAM) printout showing "active" status (free of charge) Website: Go to SAM by typing www.sam.gov in your Internet browser address bar Helpline: 1-866-606-8220
17	<input type="checkbox"/>	Tax Forms: <u>Non Profit</u> Form 990 Return of Organization Exempt from Income Tax --or-- <u>For Profit</u> Form 1120 US Corporation Income Tax Return --or-- <u>LLC</u> Applicable Tax Form and may delete or redact any SSN or personal information
18	<input type="checkbox"/>	Affirmative Action Certificate --or-- Renewal Application [AA302] sent to Treasury Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf
19	<input type="checkbox"/>	Certification Regarding Debarment (signed/dated) Website: http://www.nj.gov/dcf/providers/notices/requests/#2 Form: http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf
20	<input type="checkbox"/>	Professional Licenses related to job responsibilities for this response - if not applicable, include a written statement
21	<input type="checkbox"/>	Proposed Organizational Chart for services required by this response - include date created
22	<input type="checkbox"/>	Proposed Program Staffing Summary Report (PSSR) documenting anticipated staff levels and assignments Form: ProgramStaffingSummaryReport.xlsm Website: http://nj.gov/dcf/providers/contracting/forms/csoc.html

EXHIBIT D

9-17-18

**CSOC Post-Award Documents
Required to be Submitted for Contract Formation
if the Response to the OOH RFP Results in an Award**

▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT:	
1	<input type="checkbox"/> Acknowledgement of Receipt of NJ State Policy & Procedures returned to the DCF Office of EEO/AA (signed/dated) Form: http://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf Policy: http://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf
2	<input type="checkbox"/> <u>For Each Site Hosting Youth:</u> Certificate of Occupancy --or-- Continued Certificate of Occupancy - if not applicable, include a written statement
3	<input type="checkbox"/> <u>For Each Site Hosting Youth:</u> Copy of Lease, Mortgage --or-- Deed - if not applicable, include a written statement
4	<input type="checkbox"/> Document showing NJSTART Vendor ID Number (NJ's eProcurement system) Website: https://www.njstart.gov/ Help Desk: Call 609-341-3500 --or-- Email njstart@treas.nj.gov
5	<input type="checkbox"/> <u>For Programs that Submitted a Proposed Annex B in Response to the RFP</u> Updated Annex B Budget Form (signed/dated) Annex B: http://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
6	<input type="checkbox"/> <u>For Cost Reimbursement Contract Components Including Startup Schedule of Estimated Claims (SEC)</u> (signed/dated) CSOC Form: Provided by contract administrator if applicable
7	<input type="checkbox"/> <u>For Fee for Service Contracts [other than those from an RFQ]</u> Annex B-2 (DCF.CRM 5.2 and 5.3) CSOC Form: Provided by contract administrator if applicable
8	<input type="checkbox"/> Annex A (Include: Summary, Agency Documents 1.1, 1.2, 1.3 & Program Component Documents 2.1, 2.2, 2.3, 2.4 & 2.5) --or-- other CSOC Approved Form (signed/dated) Annex A: http://www.nj.gov/dcf/providers/contracting/forms CSOC Form: Provided by contract administrator if applicable (e.g. OOH Annex an Attestation, Program Summary Form, PSSR, Program Component Form)
9	<input type="checkbox"/> <u>For Medicaid Paid Programs</u> Medicaid Provider Enrollment Application (signed/dated) Form: Provided by CSOC if applicable
10	<input type="checkbox"/> Chapter 271/Vendor Certification and Political Contribution Disclosure Form (signed/dated) [Version: Rev 7/10/17] Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf
11	<input type="checkbox"/> <u>For Programs that Submitted a Proposed Program Staffing Summary Report (PSSR) in Response to the RFP</u> Updated PSSR Form Form: ProgramStaffingSummaryReport.xlsm Website: http://nj.gov/dcf/providers/contracting/forms/csoc.html
12	<input type="checkbox"/> Annex A Addendum (for each program component) - submitted online in CYBER (signed/dated)

▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD & ANNUALLY UPDATED THEREAFTER:	
13	<input type="checkbox"/> Most recent Audit or Financial Statement (certified by accountant or accounting firm) <u>Audit:</u> For agencies expending over \$100,000 in combined Federal/State Awards --or-- <u>Financial Statement:</u> For agencies expending under \$100,000 Policy: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf
14	<input type="checkbox"/> Liability Insurance (Declaration Page and/or Malpractice Insurance) 1. Certificate Holder: NJDCF, 50 East State St., Floor 3, POB 717, Trenton, NJ 08625 --and-- 2. Policy should state in writing that DCF is an "additional insured" Refer to policy for Minimum Standards for Insurance: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf
15	<input type="checkbox"/> Employee Fidelity Bond Certificate (commercial blanket bond for crime/theft/dishonest acts) Refer to policy for Minimum Standards for Insurance: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf Note: Must be at least 15% of the full dollar amount of all State of NJ contracts for the current year when the combined dollar amount exceeds \$50,000. If not applicable, include a written statement.
16	<input type="checkbox"/> Notification of Licensed Public Accountant (NLPA) --and-- copy of non-expired Accountant Certification [DCF Version: Rev 7/2017] Form: http://www.nj.gov/dcf/documents/contract/forms/nlpa.doc Note: Not required for agencies expending under \$100,000 in combined Federal/State Awards. If not applicable, include a written statement.
17	<input type="checkbox"/> <u>For Each Site Hosting Youth:</u> Health/Fire Certificates - if not applicable, include a written statement
18	<input type="checkbox"/> <u>For Each Site Hosting Youth:</u> Current DCF Office of Licensing (OOL) Certificate - if not applicable, include a written statement Website: http://www.state.nj.us/dcf/about/divisions/ol/index.html
19	<input type="checkbox"/> <u>For Each Site Hosting Youth - Copy of Accreditation</u> {Joint Commission, COA, CARF} as applicable (required annually and as amended). If not applicable, include a written statement
20	<input type="checkbox"/> Equipment Inventory for items purchased with DCF Funds - if not applicable, include a written statement Policy: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf
21	<input type="checkbox"/> <u>For Cost Reimbursement Contract Components Including Startup:</u> Report of Expenditures (ROE) Annex B Interim (15 days of end of 6 th month) -and- Final (120 days of FY end) Form: http://nj.gov/dcf/providers/contracting/forms/ Submit To: ChildrensSystemofCare.BusinessOffice@dcf.state.nj.us
22	<input type="checkbox"/> Annual Report to Secretary of State Website: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml
▶ CONTRACT DOCUMENTS TO BE MAINTAINED <u>ONSITE</u> BY PROVIDER:	
23	<input type="checkbox"/> Agency Organizational Chart
24	<input type="checkbox"/> Copy of Most Recently Approved Board Minutes
25	<input type="checkbox"/> Personnel Manual and Employee Handbook (include staff job descriptions)
26	<input type="checkbox"/> Affirmative Action Policy/Plan
27	<input type="checkbox"/> Conflict of Interest Policy and Attestation Form: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf
28	<input type="checkbox"/> Procurement Policy Policy: http://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf