



**REQUEST FOR PROPOSALS**

**FOR**

**GROUP HOME LEVEL 2  
INTELLECTUAL/DEVELOPMENTAL DISABILITY  
INTENSITY OF SERVICES (GH2 IDD IOS)  
AGES 12-16 and 14-17**

**Seven (7) five-bed community-based homes (35 Beds)**

**Available Funding up to \$6,540,800**

**There will be no Bidder's Conference for this RFP**

**Questions are due by October 27, 2020**

**Bids are due: December 8, 2020**

**Christine Norbut Beyer, MSW  
Commissioner**

**October 5, 2020**

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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:**

There will be no Bidders Conference for this RFP. Questions will be accepted in advance of the proposal deadline by providing them via email to [DCF.ASKRFP@dcf.nj.gov](mailto:DCF.ASKRFP@dcf.nj.gov) until **October 27, 2020 by 12PM**. Technical inquiries about forms and other documents may be submitted to this email address at any time.

## **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 funding for the purpose of providing out-of-home support and services for youth and young adults with intellectual/developmental disabilities (I/DD) and challenging behaviors. The annualized funding available is up to \$6,540,800 to support seven (7) five (5) bed group homes. Each award is up to \$934,400. The per diem rate for the Group Home Level 2-I/DD intensity of service (GH 2-I/DD IOS) is \$512.00 per day.

The per diem rate is all-inclusive reimbursement for clinical services, social, recreational, other activities, and facility and administrative costs to serve the youth. All services are prior authorized by CSOC's Contracted System Administrator (CSA), PerformCare, and claims are submitted to and processed by New Jersey's Medicaid fiscal agent, DXC Technology. Reimbursement is based on occupancy. CSOC does not guarantee 100% occupancy. All funding shall be subject to the appropriation of sufficient funds and the availability of sufficient resources.

The goal of the program is for youth with I/DD and challenging behaviors to achieve the following objectives:

- Improve their health and welfare
- Realize their maximum physical, social, psychological, and vocational potential
- Develop, to the greatest extent possible, their capacity to engage in useful and productive activities in the home and community

The anticipated length of stay is up to 24 months. However, dependent upon the unique situation of each youth, the length of stay may be longer. Length of stay will be monitored by CSOC's CSA via the Joint Care Review (JCR) process.

**Funding is expected for seven (7) five-bed community-based homes (total of 35 beds) serving the Northern Region (Hunterdon, Warren, Sussex, Morris, Passaic, Bergen, Essex, and Hudson Counties); Central Region (Mercer, Monmouth, Ocean, Middlesex, Somerset, and Union Counties); and Southern Region (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem Counties). The programs shall be awarded by region and age group as detailed below in section C. Target Population/Admission Criteria. Applicants are advised that programs must accept youth from all areas of the state.**

Applicants must provide a separate proposal for each five-bed program site. A successful applicant will receive no more than two awards (a maximum of two programs, each with five beds). Applicants must have the first home operational within 180 days of award. If a second home is awarded, it shall be operational within 60 days thereafter (total of 240 days).

## **B. Background**

The Department of Children and Families is a family and child-serving agency, working to assist NJ families in becoming or remaining 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. On June 28, 2012, the Governor of the State of New Jersey signed P.L. 2012, c. 16, into law. The provisions of that law took effect immediately and transferred responsibility for providing services for persons with developmental disabilities under age 21 from the Division of Developmental Disabilities (DDD) within the Department of Human Services (DHS) to CSOC within DCF.

DCF is seeking proposals from private, public not-for-profit, and for-profit organizations to provide GH 2-I/DD IOS (Intensity of Service) out-of-home treatment programs for youth with limited self-care, socialization, and communication skills related to their developmental disability and who also have challenging behaviors that interfere with developing, maintaining, and/or maximizing the youth's independent functioning. These programs are required to utilize a clinical treatment model that utilizes well-supported, supported, or promising practices and , and an approach to service delivery that promotes flexible, individualized treatment and effective utilization of program resources.

Services shall include, but are not limited to:

- Comprehensive crisis planning, including but not limited to prevention, de-escalation, intervention, and debriefing
- Behavioral support
- 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 family therapy as appropriate
- Group, and allied therapy
- Trauma competent counseling (as indicated)
- Access to other services (such as psychological testing, vocational counseling, and medical services)
- Skill building
- Structured recreational activities
- Education and vocational opportunities including linkage to the youth's current school
- Coordination with the Child Study Team
- Transition planning for youth 16 years old and older

DCF/CSOC will consider applicants who successfully articulate how they plan to operationalize the principles of individualized, needs-driven, and family-focused care, identify strengths-based strategies, and display sustainable progress throughout the course of treatment. CSOC values an approach to service delivery that promotes commitment and creativity of professional staff. Applicants shall demonstrate how they will ensure youth have a stable, predictable, familiar, consistent, and nurturing treatment experience. Applicants can demonstrate this in a number of ways: by describing how they intend to recruit and retain staff, how they will maintain consistent and appropriate staffing patterns, how the design will be utilized toward to support program goals, and by ensuring robust inclusion of family members in the youth's service plan, including the type, scope, and frequency of family involvement in the youth's treatment.

CSOC believes that the family or caregiver plays a central role in the health and well-being of children, youth, and young adults. CSOC values and promotes the advice and recommendations of families and involves families/caregivers/guardians throughout the treatment planning and delivery process. CSOC provides families with the tools and supports needed to not only meet the treatment goals of the youth, but also to create life experiences for the youth that set the youth on a path to success and sustain positive treatment outcomes. All services within the New Jersey Children's System of Care are expected to function within the Wraparound Model and the values and principles of the System of Care approach.

### **C. Target Population/Admission Criteria**

Admission to this IOS is limited to youth who are eligible or presumptively eligible to receive developmental disability services through CSOC pursuant to N.J.A.C 3A:40 et seq. Youth eligible for developmental disability services may have a variety of underlying conditions including, but not limited to, intellectual disabilities, autism spectrum disorder, spina bifida, cerebral palsy, and epilepsy. The youth may also have medical and/or physical needs that can be met at this IOS.

Youth who present with challenging behavior(s) of such intensity, frequency, and duration that the youth cannot be safely and consistently managed in their home or in a less intensive treatment setting because the physical safety of the youth or others is likely to be placed at significant risk shall be considered for admission. Challenging behaviors include, but are not limited to, inappropriate, rule-violating, self-injurious, destructive, and/or aggressive behaviors that require medical attention (e.g. hitting/scratching/biting oneself and/or others, head butting/choking/kicking others), or elopement.

Youth who are non-ambulatory, have multiple medical needs, and/or require a high level of assistance with activities of daily living (ADL) **will be considered on an individual basis** by the awardee taking into consideration the dynamics of the current milieu.

Group Home 2 referrals will come exclusively through PerformCare in coordination with the CSOC Office of Residential Services.

CSOC is seeking seven (7) five-bed programs, broken down by region, age range, gender, and IQ range as follows:

One Home: Northern Region Age: 12-16 Gender: Both male and female IQ Range: 50-64
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Three Homes: Central Region Age: 14-17 Gender: Both male and female IQ Range: 50-64
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One Home: Central Region Age: 12-16 Gender: Both male and female IQ Range: 50-64
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Two Homes: Southern Region Age: 14-17 Gender: Both male and female IQ Range: 50-64
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The group homes **must** be barrier-free with wheelchair accessible entrances and exits.

**Bedroom Requirement**

No more than two youth per bedroom; preferably single bedrooms. Each home **must** have at least one bedroom that is wheelchair accessible.

**Bathroom Requirements**

Each home **must** have at least one bathroom that is wheelchair accessible and in compliance with licensing regulations.

At least one bedroom and one bathroom, as well as all common areas within the home, MUST be located on the 1<sup>st</sup> floor and be accessible and barrier-free. If the proposal is for a campus setting, please provide specific details on how the agency will ensure a homelike, individualized experience for youth.

See N.J.A.C. 10:44A, "Standards for Community Residences for Individuals with Developmental Disabilities"

[https://www.state.nj.us/humanservices/ool/documents/10\\_44A\\_eff\\_4\\_18\\_05.pdf](https://www.state.nj.us/humanservices/ool/documents/10_44A_eff_4_18_05.pdf)

### **Compliance with the Americans with Disabilities Act (ADA)**

Under the terms of this award, the grantee shall follow all applicable federal and State laws prohibiting discrimination, including all provisions of the Americans with Disabilities Act (ADA). For the purposes of this award, the grantee shall undertake and execute any and all duties and obligations under the ADA, including any reasonable accommodation that would be required by the Department of Children and Families under Title II of the ADA. The grantee shall be solely responsible for any and all reasonable accommodations that arise under Title II of the ADA. Any individual receiving and/or accessing services under this award that would be covered under Title II of the ADA shall have all rights available to appeal the grantee's denial or limitation of the reasonable accommodation request. The Department shall ensure that any reasonable accommodation that would have been provided by the Department under Title II of the ADA is provided by the grantee. Any failure to provide an accommodation under Title II of the ADA by the grantee may result in the award being terminated and the total amount of the award, including funds already spent and/or encumbered, returned to the Department. Provider must also comply with the Americans with Disabilities Act (ADA) and the NJ Law Against Discrimination with respect to its consultants, part-time workers, and employees as defined below, including but not limited to:

- N.J.S.A. 10:5-1 to -42 NJLAD
- N.J.S.A. 13-13-2.1 et seq. Regulations Pertaining to Discrimination on the Basis of Disability, Employment
- 28 CFR 35.104. Non-Discrimination on the Basis of Disability in State and Local Government Services
- 42 U.S.C. Section 12101. Equal Opportunity for Individuals with Disabilities

### **Languages**

Programs that are ADA compliant, and programs that can provide services to non-verbal, limited-English, and/or non-English speaking individuals are **required**. The applicant must clearly specify within their proposal the type of non-verbal and/or bilingual services offered and staff supports that will be provided to support youth and families.

## D. Resources

### Required Staff Duties/Responsibilities

Required staff include:

**Program Manager (Full-time and on-site, 40 hours per week): Bachelor's degree with 3 years of supervisory experience and relevant experience with youth with I/DD challenges OR a Master's degree with one year relevant experience**

Duties/Responsibilities:

- Supervise milieu staff and schedules
- Oversee daily operational aspects of the home
- Arrange and participate in family orientation (within the first 24 hours)
- Provide case management
- Review and sign all required paperwork (within 24 hours)
- Provide on-site family psycho-educational activities consistent with the comprehensive treatment and discharge plan (monthly)
- Facilitate monthly treatment team meetings
- Provide assistance with ADL skills

**Master's degree Behavioral Health Clinician (Part-time, dedicated to the home 10 hours per week; must accommodate youth and families): Clinically licensed to practice in New Jersey OR Master's degree practitioner who is three years or less from New Jersey licensure and is practicing under the direct and on-site supervision of a clinician who is clinically licensed to practice in New Jersey and who has a minimum of one year experience working with youth with I/DD.**

Duties/Responsibilities:

- Complete a Biopsychosocial (BPS) assessment and report within the first week of admission
- Complete Information Management and Decision Support (IMDS) Strengths and Needs Assessment (within the first 24 hours and as needed)
- Develop a comprehensive treatment and discharge plan (within the first week and update as needed)
- Provide individual therapy, if applicable
- Provide group therapy, if applicable
- Provide family therapy with family of origin or natural supports
- Attend treatment team meetings



**Board Certified Behavior Analyst (BCBA) (Part-time, 14 hours per week): Master's Degree with a minimum one year of experience in the development and implementation of behavior support plans for youth with I/DD.**

Duties/Responsibilities:

- Implement behavioral support interventions and activities
- Provide Applied Behavior Analysis (ABA) - Functional Behavior Assessment and development of a Behavioral Support Plan
- Complete the initial crisis plan development, documentation, and consultation (within the first 48 hours of admission)
- Complete the initial crisis plan debriefing with family and youth (within the first 48 hours of admission)
- Implement the individualized Behavior Support Plan
- Provide Positive Behavioral Supports
- Provide training and supervision to support staff providing ABA services
- Provide direct supervision of the Behavioral Technician as indicated in certification
- Modify the Behavioral Support Plan based on frequent, systematic evaluation of direct observational data
- Provide coordinated support with agency staff and participate as part of the clinical team
- Attend monthly treatment team meetings

**Behavioral Technician (Full-time, 40 hours per week; required schedule (12:00 PM - 8:00 PM): Bachelor's degree in psychology, special education, guidance and counseling, social work, or a related field and at least one year of supervised experience in implementing behavioral support plans for youth with I/DD; OR High school diploma or GED, and at least three years of supervised experience in implementing behavior support plans for youth with I/DD.**

Duties/Responsibilities:

- Provide instruction in Activities of Daily Living
- Implement all youths' Individualized Behavioral Support Plans
- Provide individual behavioral supports such as Positive Behavioral Supports
- Provide training/coaching for the youth to meet each individual's behavioral needs

**Registered Nurse (RN) (Part-time, 5 hours per week) with a current New Jersey registered nursing license and one-year direct care nursing experience with youth.**

Duties/Responsibilities:

- Provide supervision to the Licensed Practical Nurse (LPN)
- Implement a quality assurance program
- Complete medication audit
- Provide consultation as needed

**Licensed Practical Nurse (LPN) (Part-time, 14 hours per week) with a current New Jersey practical nursing license and three years of direct care nursing experience with youth.**

Duties/Responsibilities:

- Complete nursing assessment and report (within the first 24 hours)
- Assess the physical condition of the youth under the direction of the Medical Director or Psychiatrist/APN and integrate findings into the youth's treatment plan
- Provide education and support to direct care milieu staff on the administering of medications and possible side effects, under the direction of the Psychiatrist, APN, or physician
- Provide injections of medication, as needed, and directed by the prescribing physician(s)
- Monitor medication (daily)
- Attend shift change meetings (daily)
- Provide health/hygiene/sex education to youth
- Provide medication education to youth
- Attend treatment team meetings, as needed

**Board Certified Child and Adolescent Psychiatrist (CAP) Licensed in the State of New Jersey OR Psychiatric Advanced Practicing Nurse (APN) Licensed in the State of New Jersey in affiliation with a Board-Certified Child Psychiatrist (10 clinical hours per month; 75 % of which must be documented face-to-face time with youth and/or families. 24/7 availability by contract)**

Duties/Responsibilities:

- A Board-Certified Child/Adolescent Psychiatrist must complete initial evaluation
- An APN may provide ongoing prescription management
- Provide 10 clinical hours per month, 75% of which must be documented face-to-face time with youth and/or families
- Complete a Psychiatric Intake Assessment and report (within the first week)
- Participate in the development of the initial treatment and crisis plan (within the first 24 hours)
- Participate in medication management meetings
- Complete clinical visit with each youth, as needed
- Provide clinical consultation with family, as needed
- Maintain 24/7 availability by contract

**Allied Therapist: Professional with a minimum credential of Bachelor's degree, with one year experience working with individuals with I/DD.**

Duties/Responsibilities:

- Six hours per week per youth of Allied Therapies: defined as activities that are structured, guided, documented, and participatory in nature. Examples may include, but are not limited to: yoga, movement, music, art therapy, vocational, etc. Allied therapies must be related to the youth's treatment planning needs and may occur both on grounds and within the community
- Recreation/Leisure Assessment and report (within the first week)

**Milieu Support Staff: See Attachment 1 (Certification of Service and Minimum Staffing Requirements-GH Level 2 I/DD Attestation) for shift requirements: Milieu 1<sup>st</sup> shift + Program Manager /2<sup>nd</sup> shift / 3<sup>rd</sup> shift (overnight). Bachelor's degree with one-year experience OR high school diploma or equivalent with 3 years of experience providing direct care to individuals with I/DD challenges in an agency or institutional setting.**

Duties/Responsibilities:

- Participate in the youth orientation (within 24 hours of admission)
- Provide and supervise milieu activities
- Provide community integration via focused recreational activities
- Provide direct youth supervision
- Attend treatment team meeting
- Provide pre-vocational skills training, as indicated
- Provide Positive Behavioral Supports
- Collect and record data
- Provide 1:1 supervision, as indicated
- Provide instruction/assistance in ADL's (daily, as indicated)
- Provide transportation, as needed

It is the responsibility of the awardee to provide services in accordance with the licensure guidelines of the New Jersey's State Board of Social Work, State Board of Psychological Examiners, State Board of Medical Examiners, State Board of Nursing, State Boards of Marriage and Family Therapy Examiners, and the Professional Counselors Examiners Committee. The duties outlined above are not to be interpreted as comprehensive of the total responsibilities of each staff member. Applicants agree that by responding to this RFP and applying for this funding that they shall, during the term of the contract, meet or exceed the following requirements. Applicants must demonstrate with necessary letters of affiliation, and through their narrative and Annex B, that the guidelines are achievable.

**The Agency CEO or equivalent is required to sign, date and submit "Attestation of Minimum Staffing Requirements (Attachment 1)." This document attests that the agency will meet the minimal requisite staffing, credentials, and experience**

**consistent with the scope of services delineated in this RFP. Proposals submitted without the signed “Attestation of Minimum Staffing Requirements” will not move to the evaluation process.**

All youth will have regular contact with a Licensed Practical Nurse under the supervision of a Registered Nurse. All youth will have regular contact with a Behavioral Technician supervised by a BCBA who is in regular consultation with a psychiatrist. While youth may not necessarily receive individualized therapy on a daily basis, they will be assigned a therapist who will provide individual, group, and family therapy which may consist of modified treatment strategies, depending on the youth’s developmental stage. The BCBA will provide consultation to the Behavioral Technician and observe, assess, and intervene when needed in support of the youth, Behavioral Technician, and milieu staff. As an added means of appropriate support, the agency must ensure that any substitute staff have received required I/DD trainings before they provide staff coverage, transportation, and 1:1 supervision, as needed.

### **Staff Retention**

The development of meaningful relationships between youth and staff can improve outcomes for youth. Therefore, a high staff retention rate shall be maintained. Competitive compensation for employees is more likely to attract seasoned applicants and maintain a consistent, highly qualified and experienced team. It is important that providers of out-of-home treatment services implement a business model that minimizes staff turnover for direct care/milieu staff. This shall include adequate support, supervision, and training, and other staff retention incentives.

**Applicants are required to include a summary (no more than one page) as an appendix which describes proposed and current strategies to enhance staff retention.**

### **Staff Training**

All staff must be appropriately trained to understand and serve youth with mental health and developmental disabilities. Required trainings include, but are not limited to, the following subjects:

- 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
- Nurtured Heart Approach
- Positive Behavioral Supports
- Identifying developmental needs and strengths
- Developing the needed skills to complete Functional Behavior Assessment activities as well as to implement and adapt proactive intervention plans
- Leadership Toward Organizational Change
- Six Core Strategies to Prevent Seclusion and Restraint
- Use of Data to Inform Practice
- Workforce Development
- Consumer Roles in Inpatient Settings
- Debriefing Techniques
- Gang Involvement Identification
- Adolescent Brain Development
- Substance Use
- Medication protocols
- Basic First Aid and CPR
- 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 1-877-NJ ABUSE in compliance with N.J.S.A. 9:6-8.10)
- HIPAA: The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191, and regulations promulgated by the United States Department of Health and Human Services, 45 CFR Parts 160 and 164) was enacted to establish national standards for privacy and security in the handling of health-related information.
- 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records training
- Danielle's Law; In compliance with P.L.2003, c.191 (C.30:6D-5.1-5.6). Comply with Danielle's Law (P.L.2003, c.191 [C.30:6D-5.1-5.6]) at: [www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html](http://www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html)

In addition to the above one-time training courses, clinical staff/Administrative staff/Milieu staff shall receive refresher training (at least bi-annually) and advanced training, annually, to be provided by the agency, or an outside source. Designated administrative agency

staff who satisfactorily complete the training may, in turn, train the remaining staff (ex. DSM 5, Positive Behavior Support).

### **Ratio Requirements**

All youth will be properly supervised (see Attachment 1 Certification of Service and Minimum Staffing Requirements by shift). Whenever fewer than 5 youth are in the home, a ratio of 1 milieu staff for every 2 youth (with a minimum of 2 staff at all times) must be maintained on first and second shift with a minimum of 2 awake overnight staff on third shift. Required supervision ratios must be maintained during crisis situations.

#### **Milieu Staff to Youth Ratio Requirements**

(See Attachment 1 for Minimum Staffing Requirements by shift)

If the program is at capacity (5 youth) during the first and second shift, a minimum of 3 milieu staff is required. During the third shift, when youth are asleep, a minimum of 2 milieu staff is required. If the program is under capacity (fewer than 5 youth) then a minimum of 2 milieu staff is required for all three shifts. All staff must remain awake while on duty, including milieu staff working the third shift, even though youth may be asleep.

### **E. Activities**

#### **Treatment Process and Team Structure**

CSOC is seeking applicants who will infuse their program design and implementation with the System of Care philosophy and principles. The attainment of behavioral, self-help, socialization, and adaptive skills by the youth will support the goal of the youth returning to his/her home or to another appropriate out-of-home setting. GH Level 2-I/DD service providers must be able to safely address complex needs and challenging behaviors related to each youth's intellectual/developmental disability including, but not limited to, elopement, property destruction, physical/verbal aggression, self-injurious behaviors, tantrums, and noncompliance to verbal/written directions.

The establishment of a multi-disciplinary treatment team with specific and delineated functions is of primary importance. The youth's Individual Service Plan (ISP) shall identify the youth's interests, preferences, and needs in the following areas, as determined appropriate by the youth, family/caregiver, and Child and Family Team (CFT). These items include physical and emotional well-being, risk and safety factors, medical, nutrition, adaptive and independent activities of daily living, personal care needs, educational/vocational skills, recreation and leisure time, family time, community participation, communication, religion and culture, social and personal relationships, transition plan, and any other areas important to the youth and their family.

The Child Family Team **must** include, but is not limited to, the following individuals:

- 1) Youth
- 2) Family members
- 3) Formal/informal supports as identified and selected by youth and family when possible
- 4) Psychiatric Care Provider\*
- 5) Registered Nurse (RN) and/ or a Licensed Practical Nurse (LPN)
- 6) Board Certified Behavior Analyst (BCBA)
- 7) Behavioral Technician
- 8) Allied Therapist(s)
- 9) Milieu staff
- 10) Educational professionals
- 11) Licensed Behavioral Health Clinician(s)
- 12) Program Director / Manager
- 13) CSOC Care Management Organization (CMO)
- 14) DCP&P Case Manager/Supervisor (if applicable)

\*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 youth served, the likelihood of complex and/or emergent psychiatric decision making, and the availability of an M.D. for consultation. For the purpose of this RFP, the term "psychiatrist" includes an APN that meets these standards. Note: DCF's "Psychotropic Medication Policy," located at: [https://www.state.nj.us/dcf/policy\\_manuals/CPA-V-A-1-1500.pdf](https://www.state.nj.us/dcf/policy_manuals/CPA-V-A-1-1500.pdf), mandates that initial psychiatric evaluations must be completed by a Board Certified Child/Adolescent Psychiatrist.

**Prior to the youth's admission, the following assessment must be completed:**

- The CSOC Children's Adaptive Behavior Summary (CABS) that is no older than 6 months at the time of admission.  
<https://www.performcarenj.org/pdf/families/form-b-cabs.pdf>

**Within 48 hours of admission, the program shall:**

- Develop an initial crisis plan for each youth. The crisis plan will identify triggers and provide specific interventions for staff and be updated on a regular basis
- Provide the youth with a thorough orientation to all aspects of the program, conducted by both agency staff and current residents
- Assure that the family members are oriented to the service
- Complete and file all necessary consents and releases
- Complete IMDS Strengths and Needs Assessment
- Complete a nursing assessment and incorporate it into the initial treatment and crisis plan
- Complete a pediatric assessment and report

- Provide the youth and family with copies of the initial crisis plan

**Within 96 hours of admission, the program shall:**

- Complete a psychiatric assessment and report, and a plan to ensure recommendations will be completed
- Complete a biopsychosocial assessment

**Within two weeks of admission, the program shall:**

- Conduct a treatment team meeting resulting in a comprehensive treatment, crisis, and discharge plan that integrates all the treatment team's input, assessments, and recommendations. The treatment plan 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 discharge ready
- Complete a nutritional screening
- Arrange educational programming
- Complete a Functional Behavioral Assessment and Behavior Support Plan

The Functional Behavioral Assessment (FBA) and development of a Behavior Support Plan (BSP) shall be an integral part of the treatment planning process for youth. Interventions shall include, but are not limited to:

- Instruction in learning adaptive frustration tolerance and expression, which may include anger management/emotion regulation
- Instruction in stress reduction techniques
- Problem solving skill development
- Psycho-educational services to improve decision making skills to manage behavior and reduce risk behaviors
- Social skills development
- Instruction and/or assistance in Activities of Daily Living
- Implementation of identified strategies in the individualized Behavior Support Plan
- Support and training of parent/guardian to successfully implement Behavior Support Plan, use of Assistive Technology, and other support services as needed in transitioning the youth/young adult back home or to an alternative living arrangement

**Within 30 days of admission, the program shall:**

- Complete and submit the Individual Service Plan (ISP) to the Contracted Services Administrator (CSA) and obtain CSA approval.

All GH Level 2-I/DD services and interventions must be directly related to the goals and objectives established in each youth's Individual Service Plan (ISP). 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 by the Child Family Team (CFT) in the Joint Care Review (JCR).

The ISP is an integrated plan of care which includes:

- Individual behavioral supports such as Positive Behavior Supports, Discrete Trial Training (DTT), training/coaching for the youth/young adult and caregivers/staff to meet the individual's behavioral needs
- Referrals for medical, dental, neurological, physical therapy; occupational therapy; sensory integration; speech/language/ feeding or other identified evaluations
- Appropriate augmentative and alternative communication supports and functional communication training, e.g. visual schedules, contingency maps, Picture Exchange Communication System (PECS), wait signal training

**Each day, the program shall:** Provide comprehensive and well-documented communication regarding significant events, youth behaviors, and other relevant information for each shift

- Convene meetings for shift changes to relay/monitor the emotional state of each youth
- Ensure that no more than 30% of all youth waking hours will be spent in "milieu" activities
- Engage all youth in structured skill-building activities tailored to meet their individual needs, and document their participation
- Identify one milieu staff and an alternate on each shift to dispense medication as prescribed. A Licensed Practical Nurse will monitor the medication logs daily and provide milieu staff with medication consultation as needed.
- Transport youth to medical appointments, family visits, community outings, and any other off-site activities as needed
- Ensure that the Behavioral Technician will have regular communication with Program Manager regarding the youth.

**All required documentation and activities will be provided in accordance with applicable licensing regulations and the Addendum to Administrative Order 2:05, which addresses the reporting of Unusual Incidents.**  
[https://www.state.nj.us/dcf/about/divisions/opma/AO2\\_05.pdf](https://www.state.nj.us/dcf/about/divisions/opma/AO2_05.pdf)

Information can be found at:

<https://www.state.nj.us/humanservices/ddd/news/publications/dc14.html>

### **Transition Planning**

The CFT shall begin planning for transition immediately upon the youth's admission. Youth and family voice are components of transition planning. Therefore, their input must be thoroughly considered and discussed throughout the transition planning process. The team will provide:

- A “step down” action plan that details week-to-week activities supporting a smooth and well-planned transition from the GH 2-IDD IOS. At a minimum, the action plan must include:
  - At least three (3) meetings of the treatment team to discuss youth and family strengths, continuing goals, successful strategies, and potential challenges
  - “Set back” plan for times during the discharge phase when youth and/or family encounter difficulties that make discharge appear less likely. This plan will identify the critical staff necessary to re-focus, rally, and support the youth and family through to discharge.
  - 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 where a need is demonstrated, Intensive In-Home Habilitative Supports (IIH) or Intensive In-Community Behavioral Assistance (IIC-BA) will be built into the community plan. In order to provide for a seamless transition back home for the youth, the IIH or IIC-BA provider will visit the GH 2-I/DD program approximately two weeks prior to discharge. The IIH or IIC-BA provider will gather information through observation and interaction with the youth and review the youth’s clinical records. The awardee(s)’s Behavioral Technician and/or the BCBA, and any other treatment team members (nurse, dietician, etc.), will accompany the IIH or IIC-BA provider during the visit. This visit is an **introduction** for the IIH or IIC-BA provider to the youth prior to going into the home and equips the IIH or IIC-BA provider with a strong understanding of the youth’s treatment needs and behavior plan. This will enable the IIH or IIC-BA provider to train the parents/caregiver on the behavior support plan and modify it where needed more quickly. The IIH or IIC-BA provider’s familiarity with the family will provide a sense of security and increased confidence for the family.

### **Reducing of the Use of Seclusion and Restraint**

DCF/CSOC is committed to the reduction and ultimate elimination of the use of seclusion and restraints (S/R) in out-of-home (OOH) treatment settings, as S/R is considered a treatment failure rather than a treatment intervention. It is associated with high rates of youth and staff injuries and is a coercive and potentially traumatizing and retraumatizing intervention with no established therapeutic value. This RFP requires applicants to describe how they will begin, or continue working toward, that goal and what methods of de-escalation will be developed and documented by the applicant.

**Applicants must describe within their proposed program narrative a plan to eliminate/reduce the use of S/R through appropriate and effective therapeutic interventions.** Nonviolent Crisis Intervention (Preventative Techniques, Team Intervention, and Post Intervention) is the preferred program. Crisis Prevention Training

is available through the Crisis Prevention Institute. Programs may utilize only **one model** of nonviolent crisis intervention.

In terms of behavior management, police intervention is not considered a therapeutic intervention, but may be necessary to the safety of youth in the program. Applicants must include a description of how established policies and procedures emphasize “no force first” prior to implementation of safe physical restraint and/or police intervention.

### **Nurtured Heart Approach**

The awardee is responsible for participating in the Nurtured Heart Approach (NHA) trainings and its implementation. NHA training is offered through CSOC Training and Technical Assistance: <https://www.nj.gov/dcf/providers/csc/training/>

### **Implementation of Healing Centered Care**

CSOC is concerned with the management, treatment, and prevention 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. Studies indicate that children with disabilities are more likely to experience abuse/neglect and are at an increased risk for becoming involved in the child welfare system. Individuals with intellectual/ developmental disabilities have historically been subjected to other types of traumatic events, including:

- Separation from primary relationships at an early age
- Frequent moves from residential treatment programs
- Frequent staff changes
- Institutionalization
- Degradation
- Significant medical issues/procedures
- Extended hospitalizations

Applicants must describe models of intervention that actively treat underlying trauma and consequent attachment issues. Many individuals exhibit symptoms of Post-Traumatic Stress Disorder (PTSD), which is thought to be significantly under-diagnosed in individuals with intellectual/developmental disabilities. Increased isolation and fewer social opportunities can contribute to low self-esteem and increase the probability of undetected abuse and neglect. Applicants must be cognizant of this fact and describe how they plan to assure the safety of this vulnerable population.

Providers are expected to utilize up-to-date knowledge and evidence-based interventions designed to address the treatment needs of youth with I/DD. Treatment/intervention is provided with the understanding that good mental health and positive relationships are essential to the overall health of the youth. The overarching goal of the GH Level 2-I/DD service is to facilitate adaptive skills, social skills, and life skills so that the youth can live, learn, and participate in their communities with sufficient coping mechanisms.

## **Student Educational Program**

The awardee will be expected to facilitate the ongoing provision of an appropriate educational program as required under federal and State regular and special education laws 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 in out-of-home treatment settings. As such, the grantee will be expected to collaborate with the educational entities responsible for providing and funding those educational services. A Department of Education (DOE) approved school must provide the educational program for students with disabilities. Educational programs must be provided for a minimum of four hours per day, five days per week. High school graduates must be provided with an alternate educational/vocational curriculum.

Awardee organizations that operate a DOE approved private school for students with disabilities must demonstrate that arrangements have been made with the local school district to enroll and serve general education students.

Awardee organizations that do not operate a DOE approved school must demonstrate that a commitment has been received from the local public school district in which the facility is located to register, enroll, and educationally serve all general and special education students placed in the GH program. The school district may charge the individual student's parental District of Residence for the cost of the educational program and services.

In addition, the awardee will facilitate the process of enrolling the youth by providing accurate documentation to the school, including the Agency Identification Letter, a letter acknowledging fiscal responsibility for the district of residence, or a District of Residence determination letter from the Department of Education, and immunization records. When necessary the grantee shall provide interim transportation services to expedite school placement.

Consistent with those responsibilities, applicants must:

- Document any efforts to confirm the willingness of the school district in which the proposed facility is located to educate youth served in the facility consistent with State education law.
- Describe their procedures for ensuring that youth receiving GH Level 2-I/DD IOS services are enrolled in an appropriate educational program.
- Provide a plan for collegial and proactive coordination with educational providers for both classified and non-classified youth, including procedures for ensuring information is shared, consistent with the applicable federal and State confidentiality laws, including but not limited to 42 C.F.R. Part 2.

## **Student Educational Program Operations Planning 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 effective treatment of the youth. Accordingly, genuine and proactive coordination and collaboration between the grantee 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
- Problem resolution strategies
- Mechanisms to stay abreast of the educational progress of each student
- Ongoing participation in the educational program of each student

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 and programming for students who do not have a summer school curriculum or who have graduated high school as well as for breaks/vacation
- Planned collaboration with all school personnel ensuring youth remain in school, as appropriate
- Adequate supervision, programming, and professional staff contact in support of home instruction as provided in accordance with educational regulation

## **F. Outcomes**

This RFP represents an outcomes approach to contracting for out-of-home treatment services. The outcome evaluation includes setting outcomes, establishing indicators, and changing behavior to achieve desired results and outcomes.

CSOC makes use of the IMDS tools, service authorizations, and satisfaction surveys to measure the attainment of individual and system goals to maintain youth in the home, in school, and in the community. Additional considerations and areas of measurement include: compliance 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 plans for the following:

- 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 that allow incidents to inform changes to policy, practice, and treatment
- Ongoing dissemination of satisfaction surveys to youth, families, and other system partners
- Means for identification and communication of system needs and areas of excellence to local partners and CSOC administration

### **Quality Assurance and Performance Improvement (QA/PI) Activities**

Data-driven performance and outcomes management is a central aspect of the management of the Children’s System of Care. The practice model is based on current best practices regarding out-of-home treatment for children and youth. In order to support sensitive and responsive management of these GH Level 2-/DD 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 should describe ongoing QA/PI activities that reflect the capacity to make necessary course corrections with a plan and in responsive fashion.

Applicants must submit a QA/PI plan that:

- Measures the three-foundation metrics of CSOC: in school, at home, and in the community
- Demonstrates integration with overall organization/provider goals and monitoring activity
- Demonstrates a multi-disciplinary approach that engages staff at all levels and disciplines in the activities of QA/PI
- Demonstrates strict compliance with addendum to AO 2:05 and DCF licensing standards at N.J.A.C. 10:44A
- Demonstrates a commitment to approaching critical events as opportunities to improve care of youth, training, monitoring, and regulation of their service. QA/PI plans must articulate a meaningful and manageable process for responding to critical events that *minimally* collects, analyzes, and synthesizes information from:
  - Youth
  - Family
  - Natural supports
  - Direct care staff

- Professional staff
- Case management entity, if applicable
- Utilizes root cause analysis or a similar model in responding to critical incidents.
- Incorporates satisfaction surveying -- from youth, families, and other providers -- on a regular basis and articulates the dissemination of these data to stakeholders, including CSOC.

### **Youth Outcomes**

- 80% of youth who complete the program will require less restrictive services at 3 and 6-month post discharge
- 70% of all youth will have a maximum length of stay of up to 24 months
- 90% of all youth will have a 90% attendance rate at school
- 80% of all youth will show improvement on identified strengths and needs domains from the time of admission to discharge
- 90% of all youth will show an improvement on life skills assessments

### **Service Outcomes**

- Service providers will maintain compliance with all CSOC reporting requirements and timeframes: Joint Care Reviews (JCR), Transitional Joint Care Reviews (TJCR), Discharge Joint Care Reviews (DJCR), addendum to AO 2:05, and contracting requirements
- Service providers 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
- Service providers will conduct quarterly “health checks” through satisfaction surveys, stakeholder’s meetings, and review of SNA data. Health checks will report status, progress, and needs to the service community and CSOC.

## **G. ADDITIONAL REQUIREMENTS**

### **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 Technology, within prescribed timelines.

### **Licensure**

Applicants must provide evidence of, or demonstrated ability to meet, all NJ Department of Children and Families and other applicable Federal Licensure standards. DCF Office of Licensing standards as specified in the Standards for Community Residences for

Individuals with Developmental Disabilities (N.J.A.C.10:44A) can be accessed at: <https://www.state.nj.us/humanservices/ool/licensing/>

### **Provider Information Form**

The grantee 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 challenges in service delivery and corresponding strategies for overcoming these challenges. The awardee may receive a written report of the site visit findings and will be expected to submit a plan of correction, if necessary.

### **Contracted System Administrator (CSA)**

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

The awardee will be required to utilize "Youth Link," the CSOC web-based out-of-home referral/bed tracking system, to manage admissions and discharges. Awardees will be trained to use this system.

### **Organization/Agency Website**

Publicly outlining the specific behavioral challenges exhibited by some of the children served by an agency may lead to confusion and misinformation. Without the appropriate context, the general public may wrongly assume that all children served are dealing with those challenges. The grantee must ensure that the content of their organization's website protects the confidentiality of, and avoids misinformation about, the youth served. The website 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.

## **Duties and Obligations**

Applicants are to provide details regarding operations, policies, procedures, and implementation of the GH Level 2-I/DD services to be provided, including the plan of collaboration with system partners such as the Division of Child Protection and Permanency (DCP&P), Care Management Organizations (CMOs), and Probation. The home shall be operational within 180 days of being awarded. If two programs are awarded to a provider, the second home shall be operational within 60 days thereafter. Extensions will be available by way of written request to the CSOC Assistant Commissioner. **Awards are subject to be rescinded if not operationalized within 6 months of RFP award for the first home and 8 months for the second home.**

## **Central Registry**

Agencies that are licensed, contracted, and/or regulated by DCF and provide services to individuals with developmental disabilities are required to comply with the Central Registry of Offenders against Individuals with Developmental Disabilities law, N.J.S.A. 30:6D-73 et seq.

This important law provides a mechanism for preventing caregivers with substantiated allegations of abuse, neglect and/or exploitation against individuals with developmental disabilities from continuing to work within the DD community.

The names of individuals substantiated for abuse, neglect and/or exploitation against individuals with a developmental disability are listed in the web-based Central Registry maintained by the Department of Human Services. Individuals on the Central Registry are barred from working in DCF-funded programs for persons with developmental disabilities.

Thus, the awardee(s) will need to ensure that none of the staff providing services under this RFP are listed on the Central Registry. CSOC will facilitate the awardees' access to the Central Registry by submitting the names of the awardees to the DHS Central Registry unit. DHS will contact the awardee upon notification from DCF and provide further information on accessing the Central Registry.

Agencies must also comply with Danielle's Law  
([www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html](http://www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html))

## H. Funding Information

For the purpose of this initiative, the Department will make available up to seven awards for a total annualized ceiling not to exceed \$6,540,800 as funding is available, services are utilized, and contracts are renewed.

Continuation funding is contingent upon the availability of funds in future fiscal years.

The per diem rate per youth is \$512 and is reimbursed on a fee for service basis. The per diem rate is all inclusive compensation and reimbursement for all services and activities (administrative and clinical) that serve youth. 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 start-up costs of up to 5% of award are permitted. Applicants must provide a justification and detailed summary of all expenses that must be met in order to begin program operations under budget.

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

Universities are reminded that this is a competitive process and that no annual increases will be considered as part of this contract with regard to salaries, fringe, or other benefits for future negotiations or contracts, unless approved by the State legislature for all contracting entities.

## I. 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 by 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. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
6. Where required, all applicants must hold current State licenses.
7. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
8. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
9. Applicants must have the ability to have the home operational within 180 days of award. If a second home is awarded, it shall be operational within 60 days thereafter (total of 240 days). Extensions may be available through a written request to the CSOC Assistant Commissioner. **Awards are subject to be rescinded if not operationalized within 6-months of RFP award (8 months if two homes are awarded).**
10. Any DCF provider previously awarded a CSOC out-of-home program in which the program is over 240 days beyond the date due to be in operation (even if an extension has been granted) is not eligible to bid on this procurement.
11. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at: <https://www.dnb.com>
12. 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.

**J. RFP Schedule**

<b>October 27, 2020</b>	<b>Deadline for Email Questions sent to <a href="mailto:DCF.ASKRFP@dcf.nj.gov">DCF.ASKRFP@dcf.nj.gov</a></b>
<b>December 8, 2020</b>	<b>Deadline for Receipt of Proposals by 12:00PM</b>

Proposals received after **12:00 PM on December 8, 2020** will **not** be considered. Applicants submitting proposals in person or by commercial carrier shall submit **one (1) signed original** and should submit **one CD ROM** with all documents.

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.

## **2) Commercial Carrier (U.S. Postal Office, 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

## **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:  
<https://www.nj.gov/dcf/providers/notices/requests/>

See *Standard Documents for RFPs* for forms.  
<https://www.nj.gov/dcf/providers/notices/requests/>

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

We recommend not waiting 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.

## **K. 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 completed 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.

\*If a Bidders Conference is required, for a bid to be considered for award, at least one representative of the Bidder must have been present at the Bidders Conference. 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 applicants 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 brief time-constrained presentation by the applicant. The presentation will be scored out of 50 possible points, based on the following criteria and the highest scoring applicant will be recommended for approval.

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 effectively answered 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 payments 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. A copy is attached as **Exhibit B**.

Applicants must comply with confidentiality rules and regulations related to the individuals served in this program including, but not limited to:

1. 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records.
2. Keeping client specific and patient Personal Health Information ("PHI") and other sensitive and confidential information confidential in accordance with all applicable New Jersey and federal laws and regulations including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").
3. Recognizing and understanding that case information is mandated by N.J.S.A. 9:6-8.10a to be kept confidential and the release of any such information may be in violation of state law and may result in the conviction of individuals for a disorderly person's level offense as well as possibly other disciplinary, civil or criminal actions pursuant to N.J.S.A. 9:6-8.10b.

Applicants must submit ***CSOC Pre-Award Documents*** as **Exhibit C** with their response to this 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 ***CSOC Post-Award Documents*** as **Exhibit D**.

**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.

Applicants must sign, date and submit the ***Minimum Staffing Requirements Attestation*** as **Attachment 1**.

Applicants must sign, date and submit the ***Community Agency Head and Employee Certification, Permission for Background Check and Release of Information*** attached as **Attachment 2**.

Applicants must comply with the ***federal requirements*** of 2CFR 200.317. **See Attachment 3**.

#### **L. 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 4<sup>th</sup> Floor  
Trenton NJ 08625

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

#### **M. 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](mailto:DCF.ASKRFP@dcf.nj.gov)**.

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

## **N. 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](http://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. DCF Third Party Contract Reforms Attestation
3. Proof of Insurance naming DCF as additionally insured from agencies
4. Bonding Certificate
5. Notification of Licensed Public Accountant (NLPA) with a copy of Accountant's Certification
6. 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 negotiation, 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 font shall be no smaller than 12 points in Arial or Times New Roman. 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:

## **I. Community and Organizational Fit (15 Points)**

*Community and Organizational fit refers to respondent's alignment with the specified community and state priorities, family and community values, culture and history, and other interventions and initiatives.*

- 1) Describe how this initiative is consistent with your mission and vision, and priorities.
- 2) Describe how this initiative fits with existing initiatives/programming in your organization.
- 3) 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 as supported and promising as per the California Evidence-Based Clearinghouse for Child Welfare definition (CEBC) <https://www.cebc4cw.org/>.
- 4) Describe how this initiative is consistent with your organization's experience working with the target (or similar) populations required to be served by this initiative.
- 5) Describe how the requirements of this initiative will be met through your policies implementing trauma informed practices.
  - **Include written policies implementing trauma informed practices.**
- 6) Describe how this initiative fits with family and community values in your community; including the values of culturally and linguistically specific populations.

## **II. Organizational Capacity (20 Points)**

*Organizational Capacity refers to the Respondent's ability to financially and structurally meet and sustain the specified minimum requirements.*

- 1) Describe how the organization's leadership is knowledgeable about, and in support of, this initiative. Include 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). Do leaders have the diverse skills and perspectives representative of the community being served?

- **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.) as part of the appendix.
  - **Include a current Agency-Wide Organizational Chart** as part of the appendix.
- 2) Does the organization currently employ or have access to staff that meet the staffing requirements for this initiative as described in the Resources/Staff Requirements section of this RFP? If so, describe.
- 3) Does the staff have a cultural and language match with the population they serve, as well as relationships in the community? If so, describe.
- 4) Describe how the requirements of this initiative will be implemented through the community partners listed in the resources section and the collaborative activities listed in this RFP. Provide a clear and detailed plan on how system partners ensure the youth’s timely transition.
- **Include 3 letters 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 3 written professional letters of support from community-based organizations 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, letters from any 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.
- 5) Briefly describe the ways in which your agency’s operations (policies and/or practices) mirror the Prevent Child Abuse New Jersey's Safe Child standards.

The Standards are available at: <https://nj.gov/dcf/providers/notices/nonprofit/>

- **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.**

- 6) Describe how the requirements of this initiative will be met through your commitment to cultural competency and diversity and plans to ensure needs of various and diverse cultures within the target community will be met in a manner consistent with the Law Against Discrimination (N.J.S.A. 10:51 et seq.).
- 7) Describe how the requirements of this initiative will be met through your plans for program accessibility that include, at a minimum, the following details: site description, safety considerations, and transportation options for clients served.
  - **Submit a description/floor plan of program space as part of the appendix. Photos are also welcomed.**
- 8) 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.
- 9) Describe how your agency plans to fulfill staffing requirements not currently in place by hiring staff, consultants, sub-grantees and/or volunteers who will perform the proposed service activities.
  - Indicate the number, qualifications and skills of all staff, consultants, sub-grantees and/or volunteers who will perform the proposed service activities. Describe the management and supervision methods that will be utilized.
    - **Include a summary (no more than one page) which describes proposed and current strategies to enhance staff retention as part of the appendix.**
    - **Include an organizational chart for the proposed program operation as part of the appendix.**
    - **Include job descriptions that describe all educational and experiential requirements as part of the appendix.**
    - **Include professional licenses related to job responsibilities as part of the appendix, if applicable.**
    - **Include resumes of any existing staff who will perform the proposed services as part of the appendix.**
    - **Include a brief narrative on staffing patterns as part of the appendix.**
    - **Include Student-School Service Provider contracts if graduate students will be involved in the provision of care as part of the appendix, if applicable.**

10) Describe in the narrative policies or procedures regarding timelines, program operations and responsible staff for admission, orientation, assessment, engagement, treatment planning, discharge planning, and transition.

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

11) Provide a feasible timeline for implementing the proposed services. Provide a detailed week-by-week description of your action steps in preparing to provide this service and to become fully operational within the time specified if more than one award is provided.

At a minimum, detail when and who will:

- Secure and ready each site
- Secure licensing from OOL from staff and site
- Recruit all necessary staff
- Train all staff
- Complete Medicaid application
- Complete Provider Information File and meet with the CSA
- Meet with the Local Education Authority to ensure coordinated care for youth

- **Include a Program Implementation Schedule attached as part of the appendix.**

12) Describe any fees for services, sliding fee schedules, and waivers.

13) Include a description of youth data to be recorded, the intended use of that data, and the means of maintaining confidentiality of youth's records.

14) Are there designated staff with capacity to collect and use data to inform ongoing monitoring and improvement of the program or practice? If so, describe.

15) What administrative practices must be developed and/or refined to support the initiative/program/practice? What administrative policies and procedures must be adjusted to support the work of the staff and others to implement the program or practice?

### III. Program Approach

(40 Points)

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:

- Demonstrate that youth will have a stable, familiar, consistent, and nurturing experience through staffing patterns, the management of youth cohorts, site design and utilization, community affiliation, and the type, scope and frequency of family/caregiver involvement;
- Include policy regarding engaging and sustaining the involvement of family and/or natural supports;
  - **As part of the appendix, attach Policies or Procedures regarding engaging and sustaining the involvement of family and/or natural supports.**
- Demonstrate how the relationships with milieu staff (as supported through team structure, supervision, and staffing patterns) will help youth move from being “managed” to being engaged in treatment;
- Describe milieu staff’s supervision of youth and staff/youth ratios;
- Incorporate age appropriate transitional living skills as a component of the youth’s treatment plan that will define the manner in which the development of self-reliant living skills is integrated into the service delivery, including real-life application of these skills”
- Fully articulate the management and treatment models to be utilized, including the use of well-supported, supported, or promising practices and provide specific details regarding plan for staff training, implementation, and sustainability of the service modalities of choice;
- Describe the strategies and interventions for preventing, managing, and treating aggressive behavior;
- Demonstrate experience with, understanding of, and integration of issues of trauma in youth and how it will be integrated into the treatment plan;
- Articulate how both explicit and implicit trauma will be addressed within the context of staff support and assessment/treatment;

- **As part of the appendix, attach curricula Table of Contents for age and developmentally appropriate psycho-educational groups, including those focused on wellness and recovery.**
- Provide specific examples as to how family engagement will be initiated and sustained throughout the treatment planning process;
- Identify and describe the geographic location(s) of the services;
- Describe youth eligibility requirements, referral processes, and include youth rejection/termination policies;
- Describe policy or procedures regarding community-based activities;
  - **As part of the Appendix, attach Policies or Procedures regarding community-based activities.**
- Provide details around any licensure violations in the past 12 months;
- **Provide a list of any agency programs** that were closed in the last eighteen (18) months\* and include documentation for the reasons the programs were ended, if applicable, as part of the appendix.
  - Party that initiated closure (DCF, another funder, or agency) and include detailed description of reason(s).
  - Program intensity of service.
  - Number of beds closed.
  - Date of closure.
  - Time from notification to youth, families, and staff to safe transfer/discharge of all youth served in the program (the “transition period”).
  - Challenges encountered during the transition period (staff coverage, disruption in programming).

**\*If the applicant has not had any closures and these questions do not apply, it will not impact the score. However, applicants that have had a closure may have up to 10 points deducted from their total score depending upon the responses to this section.**

Program Planning Requirements for Student Education and/or Child Care (if applicable)

- Describe arrangements for or access to appropriate educational programs and services for special education and general education students;
- Describe plans for collegial and proactive coordination/collaboration with educational and childcare providers (if applicable);

### Program Operation Requirements for Student Education

- 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;
  - Plan for supervision and programming for high school graduates.

#### **IV. Organizational Supports (15 Points)**

*Organizational Supports refers to the respondent's access to Expert Assistance, Staffing, Training, Coaching & Supervision.*

- 1) Describe how your organization will support this initiative with required/necessary training, coaching, supervision. Describe your organization's process to evaluate staff performance.

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
- Positive Behavioral Supports
- Identifying developmental needs and strengths
- Developing the needed skills to complete Functional Behavior Assessment activities as well as to implement and adapt proactive intervention plans
- Leadership Toward Organizational Change
- Use of Data to Inform Practice
- Workforce Development
- Debriefing Techniques
- Gang Involvement
- Adolescent Brain Development
- Substance Use
- Medication protocols
- Basic First Aid and CPR
- HIPAA/42-CFR Part 2/PHI Protection
- HIPAA: The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191, and regulations promulgated by the United States Department of Health and Human Services, 45 CFR Parts 160 and 164) was enacted to establish national standards for privacy and security in the handling of health-related information.
- 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records training
- 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)
- Danielle's Law; In compliance with P.L.2003, c.191 (C.30:6D-5.1-5.6). Comply with Danielle's Law (P.L.2003, c.191 [C.30:6D-5.1-5.6]) at: [www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html](http://www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html)
- Identifying and reporting abuse and neglect against an individual with developmental disabilities (Any incident that includes an allegation of abuse and/or neglect must also be reported consistent with N.J.S.A. 30:6D-73 to 82)



- **Include a Curricula Table of Contents for current and proposed training as part of the appendix.**
- 2) Describe how the program will be supported by your training model and offerings to program staff who will be in contact with youth, including transportation staff.
  - 3) Describe how your organization will support the program by leveraging the resources of providers; communities; and other stake holders.
  - 4) Describe how your organization will support the requirements of the program for collection, maintenance, and analysis of data. Will this require use of or changes to existing monitoring and reporting systems?

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 who complete the program will require less restrictive services at 3 and 6-month post discharge
  - 70% of all youth will have a maximum length of stay of up to 24 months
  - 90% of all youth will have a 90% attendance rate at school
  - 80% of all youth will show improvement on identified strengths and needs domains from the time of admission to discharge
  - 90% of all youth will show an improvement on life skills assessments
- 5) Describe how the program will be supported by your use of the data after it is analyzed and reported to evaluate program performance.
    - **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.**
  - 6) Describe procedures that will be used for data collection, management and timely reporting.
  - 7) **Submit a signed Attestation as an appendix “*Attestation of Minimum Staffing Requirements* (see Attachment 1).**

**Submit a signed *Community Agency Head and Worker Certification Permission for Background Check and Release of Information* as an appendix (see Attachment 2).**

- 8) Quality Assurance and Performance Improvement (QA/PI) Activities:  
Data-driven performance and outcomes management is a central aspect of CSOC. The practice model is based on current best practices regarding out-of-home

treatment for children, youth, and young adults. In order to support sensitive and responsive management of these services and to inform future practice, regulation, and “sizing,” applicants to this RFP are to give outcomes special consideration in their response.

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

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 upon request to CSOC. Applicants are to describe ongoing QA/PI activities that reflect the capacity to make necessary course corrections in a planned and responsive fashion.

- 9) 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.
- 10) **As part of the appendix, submit corrective action plans and licensing reports requested by IAIU for established or substantiated findings within the last two years.** Provide details, including dates, but redact any identifying information. Attach any plans of correction. Please be advised that the RFP Evaluation Committee may review Unusual Incident Reports (UIRs) and licensing reports.

## **V. Budget (10 Points)**

The Department will consider the cost efficiency of the proposed budget as it relates to the anticipated level of services (LOS) at 100%. 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 project/program. Include the Budget Narrative as part of Appendices. This will not be included as part of the 25-page narrative limitation.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The Annex B budget shall reflect a 1 month itemized operating schedule and must include, in separate columns, total funds needed for each line item, the funds requested in this grant, and funds secured from other sources.

All costs associated with the operationalizing of the program 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 \$512 per diem per youth in funds provided under this grant. The facility must also ensure that 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 start-up funds and shall be noted in a separate column.

Operational start-up costs of up to 5% of award are permitted. The completed budget proposal must also include a detailed summary of and justification for any one-time operational start-up costs. These costs should be reflected on a separate schedule.

The budget narrative must clearly articulate budget items, including a description of miscellaneous expenses or “other” items. It is not a preferred practice of CSOC to offer or provide start-up costs; subsequently, the inclusion of such costs may be a determining factor in the proposal selection process. 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. Thus, CSOC would be amenable to modest participation in “facility renovation” 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 \$46,720 per home)
- These costs must be reflected on a separate schedule and shall be attached, if proposed, as part of the Budget Narrative labeled “facility renovation costs” and the Standard DCF Annex B (budget) forms”
- 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. Once the program is operational and to support a gradual ramp up of admissions to the program, additional funding above the 5% start-up indicated above for developing the services and personnel over the first 2 weeks will be available for a maximum funding level of up to \$14,366 per home as follows to offset operational costs. Please note that this ramp up plan must be detailed in the program narrative of proposal under the “Budget” section.

Week 1: For admission of up to 2 youth, an additional \$10,752 will be provided (3 x 7 x \$512 per diem rate) per home.

Week 2: For admission of up to 4 youth, an additional \$3,584 will be provided (1 x 7 x \$512 per diem rate) per home.

The schedule above highlights an ideal ramp up plan given availability of youth eligible for the program and acknowledges the difficulties of ramping up a new program to full capacity in a planful way.

*In other words, provider can bill for up to 3 empty beds the 1<sup>st</sup> week and up to 1 empty bed the 2<sup>nd</sup> week. Ramp-up costs must be documented and are contingent upon actual admissions that take place the first two weeks of program implementation as verified through CSOC’s census data. Ramp-up costs are reimbursed by the Department of Children and Families separate and apart from service claims and shall not increase total contract reimbursable ceiling.*

The grantee must adhere to all applicable State cost principles. Standard DCF Annex B (budget) forms are available at: <https://www.state.nj.us/dcf/providers/contracting/forms/> and a description of General and Administrative Costs are available at <https://www.state.nj.us/dcf/providers/notices/>

- **The Annex B Budget forms are to be 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: <https://www.state.nj.us/dcf/providers/contracting/forms/> and a description of General and Administrative Costs are available at : <https://www.nj.gov/dcf/providers/notices/requests/>  
See *Standard Documents for RFPs* for forms.

### **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:

<b>Part I: Proposal</b>	
1	<input type="checkbox"/> <b>Proposal Cover Sheet</b> – (signed and dated) Website: <a href="https://www.nj.gov/dcf/providers/notices/requests/#2">https://www.nj.gov/dcf/providers/notices/requests/#2</a> Form: <a href="https://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc">https://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc</a>
2	<input type="checkbox"/> <b>Table of Contents</b> – 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"/> <b>Proposal Narrative</b> in following order <b>25 Page Limitation</b> I. Organizational Fit II. Organizational Capacity III. Program Approach IV. Organizational Support V. Budget Narrative
<b>Part II: Appendices</b>	
4	<input type="checkbox"/> <b>Written policies implementing trauma informed practices.</b>
5	<input type="checkbox"/> <b>Current Agency-Wide Organization Chart</b>

6	<input type="checkbox"/>	<b>Three (3) letters of commitment or MOU (if relevant to your program). If not applicable, include a written statement.</b>
7	<input type="checkbox"/>	<b>Three (3) written professional letters of support</b> 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, letters from any 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.
8	<input type="checkbox"/>	<b>Safe-Child Standards Description</b> of your agency's implementation of the standards (no more than 2 pages)
9	<input type="checkbox"/>	<b>Staff Retention</b> -Summary (no more than one page) which describes steps in place to enhance staff retention.
10	<input type="checkbox"/>	<b>Job Descriptions that include all educational and experiential requirements</b>
11	<input type="checkbox"/>	<b>Resumes of any existing staff who will perform the proposed services</b> (please <u>do not</u> provide home addresses or personal phone numbers)
12	<input type="checkbox"/>	<b>Brief narrative on Staffing Patterns</b>
13	<input type="checkbox"/>	<b>Summary of evaluation tools</b> that will be used to determine the effectiveness of the program services (no more than 5 pages)
14	<input type="checkbox"/>	<b>Signed Attestation of Minimum Staffing Requirements/Youth Ratio</b>
15	<input type="checkbox"/>	<b>Signed Community Agency Head and Worker Certification Permission for Background Check and Release of Information</b>
16	<input type="checkbox"/>	<b>Curricula Table of Contents for current and proposed training</b>
17	<input type="checkbox"/>	<b>Policy or procedures regarding timelines;</b> program operations; and, staff responsible for admission, orientation, assessment, engagement, treatment planning, transition planning
18	<input type="checkbox"/>	<b>Curricula Table of Contents</b> for age and developmentally appropriate psycho-educational groups, including those focused on wellness and recovery
19	<input type="checkbox"/>	<b>Student-School-Service Provider contracts,</b> if graduate students will be involved in the provision of care
20	<input type="checkbox"/>	A <b>description/floor plan</b> of program space; <b>Photos are also welcomed.</b>
21	<input type="checkbox"/>	<b>Policy or Procedures regarding engaging and sustaining the involvement of family and/or natural supports</b>

22	<input type="checkbox"/>	<b>Policy or Procedures regarding community-based activities.</b>
23	<input type="checkbox"/>	Agency's <b>Conflict of Interest</b> policy
24	<input type="checkbox"/>	<b>Copies of any audits (not financial audit) or reviews</b> (including corrective action plans) completed or in process by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last 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.
25	<input type="checkbox"/>	<b>Statement of Assurances – (Signed and dated)</b> Website: <a href="https://www.nj.gov/dcf/providers/notices/requests/#2">https://www.nj.gov/dcf/providers/notices/requests/#2</a> Form: <a href="https://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc">https://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc</a>
26	<input type="checkbox"/>	<b>Corrective action plans</b> requested by <b>IAIU</b> for established or substantiated findings within the last two years, if applicable. <b>Provide details, including dates, but redact any identifying information. Attach any plans of correction.</b>
27	<input type="checkbox"/>	<b>List of any programs that were closed</b> in the last eighteen (18) months and include documentation for the reasons the contracts were ended, if applicable. Describe: <ul style="list-style-type: none"> <li>○ Party that initiated closure (DCF or agency) and include detailed description of reason(s).</li> <li>○ Program intensity of service.</li> <li>○ Number of beds closed.</li> <li>○ Date of closure.</li> <li>○ Time from notification to youth, families, and staff to safe transfer/discharge of all youth served in the program (the "transition period").</li> <li>○ Challenges encountered during the transition period (staff coverage, disruption in programming).</li> </ul>
28	<input type="checkbox"/>	Provide <b>licensing reports</b> within the past 12 months.
29	<input type="checkbox"/>	<b>Program Implementation Schedule</b>

\* Standard forms for RFP's are available at:  
<https://www.nj.gov/dcf/providers/notices/requests/>  
See *Standard Documents for RFPs* for forms.

Standard DCF Annex B (budget) forms are available at:  
<https://www.state.nj.us/dcf/providers/contracting/forms/>

\*\* Treasury required forms are available on the Department of the Treasury website at: <https://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:  
<https://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](mailto: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](mailto: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:

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

Technical inquiries about forms and other documents may be requested anytime through [DCF.ASKRFP@dcf.nj.gov](mailto: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

### **Minimum Staffing Requirements Attestation**

#### **New Jersey Department of Children and Families Children's System of Care (CSOC)**

#### **Group Home Level 2 I/DD**

The following are the minimum staffing credentials and requirements for a DCF contracted provider of Group Home Level 2 I/DD Services. This is not to be interpreted as comprehensive of the total responsibilities each staff member will manage. The following requirements regarding the hours for each youth are to be documented in a manner that can be audited and reviewed. In the event that there are circumstances in which a youth is not able to participate in the treatment, this must be clearly documented to explain the efforts made to engage the youth and the reasons why the youth was not able to participate.

Position	Qualifications	Other Requirements	Required work schedule
<i>Program Manager</i>	Bachelor's degree with 3 years of supervisory experience and relevant experience with youth with I/DD challenges OR a Master's level degree with one year relevant experience	<ul style="list-style-type: none"><li>• Supervise milieu staff and schedules</li><li>• Oversee daily operational aspects of the home</li><li>• Arrange and participate in family orientation (within the first 24 hours)</li><li>• Provide case management</li><li>• Review and sign all required paperwork (within 24 hours)</li><li>• Provide on-site family psycho-educational activities consistent with the comprehensive treatment and discharge plan (monthly)</li><li>• Facilitate treatment team meetings (monthly)</li><li>• Provide assistance with ADL skills</li></ul>	40 hours per week;  1 full-time, onsite per home.



Position	Qualifications	Other Requirements	Required work schedule
<i>Behavioral Health Clinician</i>	Clinically licensed to practice in New Jersey OR Master's degree practitioner who is three years or less from New Jersey licensure and is practicing under the direct and on-site supervision of a clinician who is clinically licensed to practice in New Jersey and who has a minimum of one-year experience working with youth with I/DD	<ul style="list-style-type: none"> <li>• Complete a Biopsychosocial (BPS) assessment and report (within the first week)</li> <li>• Complete IMDS Strengths and Needs Assessment (within the first 24 hours and as needed)</li> <li>• Develop a comprehensive treatment and discharge plan (within the first week and update as needed)</li> <li>• Provide individual therapy, if applicable</li> <li>• Provide group therapy if applicable</li> <li>• Provide family therapy with family of origin or natural supports</li> <li>• Attend treatment team meetings</li> </ul>	Part-time, dedicated to the home 10 hours per week, must accommodate youth and families' needs.

<p><i>Board Certified Behavior Analyst/BCBA</i></p>	<p>Master's degree, with a minimum 1-year experience in the development &amp; implementation of behavior support plans for youth with I/DD</p>	<ul style="list-style-type: none"> <li>• Implement behavioral support interventions and activities</li> <li>• Provide Applied Behavior Analysis (ABA) - Functional Behavior Assessment and development of a Behavioral Support Plan</li> <li>• Complete the initial crisis plan development, documentation, and consultation (within the first 48 hours of admission)</li> <li>• Complete the initial crisis plan debriefing with family and youth (within the first 48 hours of admission)</li> <li>• Implement the individualized Behavior Support Plan</li> <li>• Provide Positive Behavioral Supports</li> <li>• Provide training and supervision to support staff providing ABA services</li> <li>• Provide direct supervision of the Behavioral Technician as indicated in certification</li> <li>• Modify the Behavioral Support Plan based on frequent, systematic evaluation of direct observational data</li> <li>• Provide coordinated support with agency</li> </ul>	<p>Part-time, 14 hours per week</p>
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Position	Qualifications	Other Requirements	Required work schedule
		staff and participating as part of the clinical team <ul style="list-style-type: none"> <li>• Attend Monthly Treatment Team Meetings</li> </ul>	
<i>Behavioral Technician</i>	Bachelor's degree in psychology, special education, guidance and counseling, social work or a related field; At least one year of supervised experience in implementing behavior support plans for youth with I/DD; OR High school diploma or GED and at least three years of supervised experience in implementing behavior support plans for youth with I/DD.	<ul style="list-style-type: none"> <li>• Provide instruction in Activities of Daily Living</li> <li>• Implement all youth's individualized Behavioral Support Plans</li> <li>• Provide individual behavioral supports such as Positive Behavioral Supports</li> <li>• Provide training/coaching for the youth to meet the individual's behavioral needs</li> </ul>	Full-time, 40 hours per week  Required work schedule 12pm-8 pm
<i>Registered Nurse/RN</i>	Currently registered in NJ with one-year direct care nursing experience with youth	<ul style="list-style-type: none"> <li>• Provide supervision to the Licensed Practical Nurse (LPN)</li> <li>• Implement a quality assurance program</li> <li>• Complete medication audit</li> <li>• Provide consultation as needed</li> </ul>	Part-time, 5 hours per week

Position	Qualifications	Other Requirements	Required work schedule
<i>Licensed Practical Nurse/LPN</i>	Current NJ practical nursing license & 3 years of direct care nursing experience with youth	<ul style="list-style-type: none"> <li>• Complete nursing assessment and report (within the first 24 hours)</li> <li>• Assess the physical condition of the youth under the direction of the Medical Director or Psychiatrist/APN and integrate findings into the youth's treatment plan</li> <li>• Provide education and support to direct care milieu staff on the administering of medications and possible side effects, under the direction of the Psychiatrist, APN or physician</li> <li>• Provide injections of medication, as needed, and directed by the prescribing physician(s)</li> <li>• Monitor medication(daily);</li> <li>• Attend shift change meetings (daily)</li> <li>• Provide health/hygiene/sex education to youth</li> <li>• Provide medication education to youth</li> <li>• Attend treatment team meetings, as needed</li> </ul>	Part-time, 14 hours per week

Position	Qualifications	Other Requirements	Required work schedule
<i>Board Certified Child/Adolescent Psychiatrist or APN</i>	Board certified child and Adolescent Psychiatrist licensed in the State of NJ or Psychiatric Advanced Practicing Nurse (APN) licensed in the State of NJ in affiliation with a board-certified child psychiatrist	<ul style="list-style-type: none"> <li>• A Board-Certified Child/Adolescent Psychiatrist must complete initial evaluation</li> <li>• An APN may provide ongoing prescription management</li> <li>• Complete a Psychiatric Intake Assessment and report (within the first week)</li> <li>• Participate in the development of the initial treatment and crisis plan (within the first 24 hours)</li> <li>• Participate in medication management meetings, as needed</li> <li>• Complete clinical visit with each youth as needed</li> <li>• Provide clinical consultation with family, as needed</li> <li>• Attend treatment team meeting, as needed</li> </ul>	<p>10 clinical hours per month; 75 % of which must be documented face-to-face time with youth and/or families.</p> <p>24/7 availability by contract.</p>
<i>Allied Therapist</i>	Professional with minimum credential of bachelor's Degree, with a minimum of one (1) year experience working with individuals with I/DD	<ul style="list-style-type: none"> <li>• Recreation/leisure assessment &amp; report (within 1<sup>st</sup> week of youth's intake)</li> <li>• Activities that are structured, guided, documented and participatory in nature; examples may include, but are not limited to: yoga, movement, music, art therapy, vocational, etc.)</li> </ul>	<p>6 hours per week per youth</p> <p>Allied therapies must be directly related to the youth's treatment planning needs;</p> <p>Allied therapies may occur both on grounds and within the community</p>

Position	Qualifications	Other Requirements	Required work schedule						
<i>Milieu Support Staff</i>	Bachelor's degree with one-year experience OR HS or equivalent with 3 years' experience providing direct care to individuals with I/DD in a behavioral health or institutional setting	<ul style="list-style-type: none"> <li>• Participate in the youth orientation (within the first 24 hours of admission)</li> <li>• Provide and supervise milieu activities (daily)</li> <li>• Provide community integration via focused recreational activities (weekly)</li> <li>• Provide direct youth supervision (daily)</li> <li>• Attend treatment team meeting (monthly)</li> <li>• Provide pre-vocational skills training (daily, as indicated)</li> <li>• Provide Positive Behavioral Supports (daily)</li> <li>• Collect and record data (daily, as indicated)</li> <li>• Provide 1:1 supervision (as indicated)</li> <li>• Provide Instruction/assistance in ADL's (daily, as indicated)</li> <li>• Provide transportation (as needed)</li> </ul>	<p>Multiple FTEs-see shift details chart below for details</p> <table border="1"> <tr> <td><b>Milieu 1<sup>st</sup> Shift</b></td> <td><b>3 Milieu Staff + Program Manager</b></td> </tr> <tr> <td><b>Milieu 2<sup>nd</sup> Shift</b></td> <td><b>3 Milieu Staff</b></td> </tr> <tr> <td><b>Milieu 3<sup>rd</sup> Shift (overnight)</b></td> <td><b>2 Milieu Staff</b></td> </tr> </table> <p>Shifts must overlap for additional support during transitions</p>	<b>Milieu 1<sup>st</sup> Shift</b>	<b>3 Milieu Staff + Program Manager</b>	<b>Milieu 2<sup>nd</sup> Shift</b>	<b>3 Milieu Staff</b>	<b>Milieu 3<sup>rd</sup> Shift (overnight)</b>	<b>2 Milieu Staff</b>
<b>Milieu 1<sup>st</sup> Shift</b>	<b>3 Milieu Staff + Program Manager</b>								
<b>Milieu 2<sup>nd</sup> Shift</b>	<b>3 Milieu Staff</b>								
<b>Milieu 3<sup>rd</sup> Shift (overnight)</b>	<b>2 Milieu Staff</b>								

**Contracted staff to youth ratio - Group Home Level 2 I/DD:**

**Ratio Requirements:** All youth will be properly supervised (see shift requirements below). Whenever fewer than 5 youth are in the home, a ratio of 1 milieu staff for every 2 youth (with a minimum of 2 staff at all times) must be maintained on first and second shift with a minimum of 2 awake overnight staff on third shift.

**Minimum staffing structure and required shift schedules - Group Home Level 2 I/DD**

<b>Title</b>	<b>Shift Requirements</b>
<b>Program Manager</b>	<b>40 hours per week</b>
<b>Clinician</b>	<b>10 hours per week (must accommodate youth and families)</b>
<b>BCBA</b>	<b>14 hours per week</b>
<b>Behavioral Tech</b>	<b>40 hours per week (12pm-8pm)</b>
<b>RN</b>	<b>5 hours per week</b>
<b>LPN</b>	<b>14 hours per week</b>
<b>Psychiatrist/APN</b>	<b>10 hours per month</b>
<b>Allied Therapists</b>	<b>6 hours per week per youth</b>
<b>Milieu 1<sup>st</sup> Shift</b>	<b>3 Milieu Staff + Program Manager</b>
<b>Milieu 2<sup>nd</sup> Shift</b>	<b>3 Milieu Staff</b>
<b>Milieu 3<sup>rd</sup> Shift (overnight)</b>	<b>2 Milieu Staff</b>

NOTE: Milieu staff shifts must overlap for additional support during transitions.

By my signature below, I hereby certify that I have read and understand the *minimum staffing requirements* for a DCF contracting provider of **Group Home Level 2 I/DD** outlined in this document.

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CEO or Equivalent (please print)	Title	Signature	Date
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ATTACHMENT 2

**COMMUNITY AGENCY HEAD AND EMPLOYEE CERTIFICATION, PERMISSION  
FOR BACKGROUND CHECK AND RELEASE OF INFORMATION**

I hereby authorize the Department of Children and Families to conduct a criminal history background check and I agree to be fingerprinted in order to complete the State and Federal background check process. I further authorize the release of all information regarding the results of my background check to the Department of Children and Families. Check one of the options listed below.

\_\_Option 1 - I hereby certify under penalties of perjury, that I have not been convicted of any of the offenses listed below and no such record exists in the State Bureau of Identification in the Division of State Police or in the Federal Bureau of Investigation, Identification Division.

\_\_Option 2 - I hereby affirm that I have been convicted of the following offense listed below \_\_\_\_\_ on \_\_\_\_\_. (date)

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

**FOR PROVISIONAL EMPLOYEES ONLY:** As a provisional employee, I further understand that I may be employed by the agency for a period not to exceed six months during which time a background check will be completed. I understand that I will work under the supervision of a superior where possible.

Offenses covered under P.L. 1999, c.358:

In New Jersey, any crime or disorderly person offense:

--involving danger to the person as set forth in N.J.S.A. 2C:11-1 et seq. through 2C:15-1 et seq. including the following:

- i. Murder
- ii. Manslaughter
- iii. Death by auto
- iv. Simple assault
- v. Aggravated assault
- vi. Recklessly endangering another person
- vii. Terroristic threats
- viii. Kidnapping
- ix. Interference with custody of children



x. Sexual assault

xi. Criminal sexual contact

xii. Lewdness

xiii. Robbery

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

i. Endangering the welfare of a child

ii. Endangering the welfare of an incompetent person

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

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

FOR COMMUNITY AGENCY HEAD: I understand the results of this background check will be reported to the President of the Board of my agency.

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

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Employee Name (please print)

Employee (Signature and Date)

Witnessed by (please print)

Witness (Signature and Date)

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

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

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

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

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

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

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

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

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

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

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

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

Letter of Federal Affirmative Action Plan Approval  
Certificate of Employee Information Report  
Employee Information Report Form AA302 (electronically available at [www.state.nj.us/treasury/contract\\_compliance](http://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. 6-23-2020

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

▶ <b>CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RESPONSE:</b>	
1	<input type="checkbox"/> <b>Standard Language Document (SLD)</b> (signed/dated) [Rev. 7-2-19] Form: <a href="https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc">https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc</a>
2	<input type="checkbox"/> <b>Business Associate Agreement/HIPAA</b> (signed/dated under Business Associate) [Rev. 8-2019] Form: <a href="https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx">https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx</a>
3	<input type="checkbox"/> Proposed <b>Annex B Budget Form</b> documenting anticipated budget (include signed cover sheet) Annex B: <a href="https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls">https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls</a> Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
4	<input type="checkbox"/> Dated List of Names, Titles, Emails, Phone Numbers, Addresses & Terms of <b>Board of Directors -or- Managing Partners</b> , if a LLC/Partnership -or- <b>Chosen Freeholders</b> of Responsible Governing Body
5	<input type="checkbox"/> <b>Disclosure of Investigations and Other Actions Involving Bidder</b> (signed/dated) [Rev. 3-15-19] Website: <a href="https://www.nj.gov/treasury/purchase/forms.shtml">https://www.nj.gov/treasury/purchase/forms.shtml</a> Form: <a href="https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf">https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf</a>
6	<input type="checkbox"/> <b>Disclosure of Investment Activities in Iran</b> (signed/dated) [Version 6-19-17] Website: <a href="https://www.nj.gov/treasury/purchase/forms.shtml">https://www.nj.gov/treasury/purchase/forms.shtml</a> Form: <a href="https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf">https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf</a>
7	<input type="checkbox"/> <b>For Profit: Ownership Disclosure</b> (signed/dated) [Rev. 9-24-19] Website: <a href="https://www.nj.gov/treasury/purchase/forms.shtml">https://www.nj.gov/treasury/purchase/forms.shtml</a> Form: <a href="https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf">https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf</a>
8	<input type="checkbox"/> <b>Subcontract/Consultant Agreements</b> related to this response If not applicable, include a signed/dated note, on agency letterhead, stating your agency will not have any subcontract/consultant agreements and the requirement does not apply.
9	<input type="checkbox"/> <b>For Profit: Chapter 51/Executive Order 117</b> Vendor Certification and Disclosure of Political Contributions [Rev 4/1/19] See instructions for applicability to your organization. If not applicable, include a signed/dated note, on agency letterhead, stating a Chapter 51 form is not required and include a brief explanation as to why. Website: <a href="https://www.nj.gov/treasury/purchase/forms.shtml">https://www.nj.gov/treasury/purchase/forms.shtml</a> Form: <a href="https://www.nj.gov/treasury/purchase/forms/eo134/Chapter51.pdf">https://www.nj.gov/treasury/purchase/forms/eo134/Chapter51.pdf</a>
10	<input type="checkbox"/> <b>Agency By Laws -or- Management Operating Agreement</b> if a LLC
11	<input type="checkbox"/> <b>Certificate of Incorporation</b> Website: <a href="https://www.nj.gov/treasury/revenue/">https://www.nj.gov/treasury/revenue/</a>
12	<input type="checkbox"/> Document showing <b>Data Universal Numbering System (DUNS)</b> Number [2006 Federal Accountability and Transparency Act (FFATA)] Website: <a href="https://fedgov.dnb.com/webform">https://fedgov.dnb.com/webform</a> Helpline: 1-866-705-5711

13	<input type="checkbox"/>	<b>For Profit: NJ Business Registration</b> Certificate with the Division of Revenue See instructions for applicability to your organization. If not applicable, include a signed/dated note, on agency letterhead, stating a NJ Business Registration is not required and include a brief explanation as to why. Website: <a href="https://www.nj.gov/njbusiness/registration/">https://www.nj.gov/njbusiness/registration/</a>
14	<input type="checkbox"/>	<b>Tax Exempt Organization Certificate (ST-5) -or- IRS Determination Letter 501(c)(3)</b> If not applicable, include a signed/dated note, on agency letterhead, stating the tax exempt requirement does not apply and include a brief explanation as to why. Website: <a href="https://www.nj.gov/treasury/taxation/exemptintro.shtml">https://www.nj.gov/treasury/taxation/exemptintro.shtml</a>
15	<input type="checkbox"/>	Proposed <b>Program Implementation Status Update Form</b> documenting anticipated implementation schedule --or-- some other detailed weekly description of your action steps in preparing to provide the services of the RFP to become fully operational within the time specified. <u>Website for OOH Form:</u> <a href="https://nj.gov/dcf/providers/contracting/forms/csoc.html">https://nj.gov/dcf/providers/contracting/forms/csoc.html</a>
<b>▶ CONTRACT DOCUMENTS TO BE SUBMITTED WITH THE RESPONSE &amp; ANNUALLY UPDATED THEREAFTER:</b>		
16	<input type="checkbox"/>	<b>Affirmative Action Certificate --or-- Renewal Application [AA302]</b> sent to Treasury with payment. <u>Note:</u> The AA302 is only applicable to new startup agencies and may only be submitted during Year 1. Agencies previously contracted through DCF are required to submit an Affirmative Action Certificate. Website: <a href="https://www.nj.gov/treasury/purchase/forms.shtml">https://www.nj.gov/treasury/purchase/forms.shtml</a> Form: <a href="https://www.nj.gov/treasury/purchase/forms/AA_%20Supplement.pdf">https://www.nj.gov/treasury/purchase/forms/AA_%20Supplement.pdf</a>
17	<input type="checkbox"/>	Certification Regarding <b>Debarment</b> (signed/dated) Website: <a href="https://www.nj.gov/dcf/providers/notices/requests/#2">https://www.nj.gov/dcf/providers/notices/requests/#2</a> Form: <a href="https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf">https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf</a>
18	<input type="checkbox"/>	<b>Tax Forms – Full Return Required</b> <u>Non Profit Form 990</u> Return of Organization Exempt From Income Tax -or- <u>For Profit Form 1120</u> US Corporation Income Tax Return -or- <u>LLC Applicable Tax Form</u> and may delete or redact any SSN or personal information
19	<input type="checkbox"/>	Proposed <b>Organizational Chart</b> for services required by this response – Ensure chart includes the agency name and current date
20	<input type="checkbox"/>	Current <b>Professional Licenses and/or Certificates</b> related to job responsibilities for this response If not applicable, include a signed/dated note, on agency letterhead, stating your programs do not require staff to be professionally licensed/certified and the requirement does not apply.
21	<input type="checkbox"/>	<b>System for Award Management (SAM)</b> printout showing active status and expiration date Note: Should be obtained free of charge Website: Go to SAM by typing <b>www.sam.gov</b> in your Internet browser address bar Helpline: 1-866-606-8220
22	<input type="checkbox"/>	Proposed <b>Program Staffing Summary Report (PSSR)</b> documenting anticipated staff levels and assignments <u>Website for OOH Form:</u> <a href="https://nj.gov/dcf/providers/contracting/forms/csoc.html">https://nj.gov/dcf/providers/contracting/forms/csoc.html</a>

**EXHIBIT D**

Rev. 6-23-2020

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

▶ <b>CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT:</b>	
1	<input type="checkbox"/> <b>Annex A</b> (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 <b>CSOC Approved Form</b> (signed/dated) Annex A: <a href="https://www.nj.gov/dcf/providers/contracting/forms">https://www.nj.gov/dcf/providers/contracting/forms</a> CSOC Form: Provided by contract administrator if applicable (e.g. OOH Annex A Attestation, PSSR, Program Summary Form, Agency Data Sheet, Program Component Form)
2	<input type="checkbox"/> <b>Annex A Addendum</b> (for each program component) - submitted online in CYBER (signed/dated)
3	<input type="checkbox"/> <u>For Programs that Submitted a Proposed Annex B in Response to the RFP:</u> <b>Updated Annex B Budget Form</b> (signed/dated) Annex B: <a href="https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls">https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls</a> Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
4	<input type="checkbox"/> <u>For Fee for Service Contracts [other than those formed by an RFQ]</u> <b>Annex B-2</b> (DCF.CRM 5.2 and 5.3) CSOC Form: Provided by contract administrator if applicable
5	<input type="checkbox"/> <u>For Cost Reimbursement Contract Components Including Startup:</u> <b>Schedule of Estimated Claims</b> (SEC) (signed/dated) CSOC Form: Provided by contract administrator, if applicable
6	<input type="checkbox"/> <b>Acknowledgement of Receipt</b> of NJ State Policy & Procedures returned to the DCF Office of EEO/AA (signed/dated) Form: <a href="https://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf">https://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf</a> Policy: <a href="https://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf">https://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf</a>
7	<input type="checkbox"/> <b>Chapter 271/Vendor Certification and Political Contribution Disclosure Form</b> (signed/dated) [Rev 7/10/17] Website: <a href="https://www.nj.gov/treasury/purchase/forms.shtml">https://www.nj.gov/treasury/purchase/forms.shtml</a> Form: <a href="https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf">https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf</a>
8	<input type="checkbox"/> <u>For Each Site Hosting Youth:</u> <b>Current or Continued Certificate of Occupancy</b> If not applicable, include a signed/dated note, on agency letterhead, stating you do not host youth onsite and a certificate of occupancy is not required.
9	<input type="checkbox"/> <u>For Each Site Hosting Youth:</u> Copy of <b>Lease, Mortgage or Deed</b> If not applicable, include a signed/dated note, on agency letterhead, stating you do not host youth onsite and a lease, mortgage or deed is not required.
10	<input type="checkbox"/> Document showing <b>NJSTART</b> Vendor ID Number (NJ's eProcurement system) Website: <a href="https://www.njstart.gov/">https://www.njstart.gov/</a> Help Desk: Call 609-341-3500 -or- Email <a href="mailto:njstart@treas.nj.gov">njstart@treas.nj.gov</a>

11	<input type="checkbox"/>	For Medicaid Paid Programs: <b>Medicaid Provider Enrollment Application</b> (signed/dated) Form: Provided by CSOC, if applicable
12	<input type="checkbox"/>	For Programs that Submitted a Proposed Program Staffing Summary Report (PSSR) in Response to the RFP: <b>Updated PSSR Form</b> Form: ProgramStaffingSummaryReport.xlsm Website: <a href="https://nj.gov/dcf/providers/contracting/forms/csoc.html">https://nj.gov/dcf/providers/contracting/forms/csoc.html</a>
<b>▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD &amp; ANNUALLY UPDATED THEREAFTER:</b>		
13	<input type="checkbox"/>	<b>Annual Report to Secretary of State</b> Website: <a href="https://www.njportal.com/dor/annualreports">https://www.njportal.com/dor/annualreports</a>
14	<input type="checkbox"/>	<b>Employee Fidelity Bond Certificate</b> (commercial blanket bond for crime/theft/dishonest acts) Refer to policy for Minimum Standards for Insurance: <a href="https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf">https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf</a> Bond 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 signed/dated note, on agency letterhead, stating the bond certificate is not required as your agency will not exceed \$50,000 in combined State of NJ contracts for the current year. <u>Note</u> : The \$50,000 threshold includes fee-for-service reimbursements made via Medicaid.
15	<input type="checkbox"/>	<b>Equipment Inventory</b> for items purchased with DCF Funds If not applicable, include a signed/dated note, on agency letterhead, stating you will not purchase any equipment with DCF funds and the requirement is not applicable. Policy: <a href="https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf">https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf</a>
16	<input type="checkbox"/>	<u>For Each Site Hosting Youth</u> : Current <b>Health/Fire Certificates</b> If not applicable, include a signed/dated note, on agency letterhead, stating you do not host youth onsite and a health/fire certificate is not required.
17	<input type="checkbox"/>	<b>Liability Insurance</b> (Declaration Page/Malpractice Insurance) <u>Note</u> : Policy must show two items... 1. List DCF as the certificate holder - NJDCF, 50 East State St, Floor 3, POB 717, Trenton, NJ 08625 2. Contain language stating DCF is an additional insured Refer to policy for Minimum Standards for Insurance: <a href="https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf">https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf</a>
18	<input type="checkbox"/>	<b>DCF Notification of Licensed Public Accountant Form (NLPA)</b> [Rev. 7-15-19] -and- copy of <b>Non-Expired Accountant's Certification</b> [Ensure DCF form is used and 2 signatures are provided] Form: <a href="https://www.nj.gov/dcf/providers/contracting/forms/NLPA.docx">https://www.nj.gov/dcf/providers/contracting/forms/NLPA.docx</a> Not required for agencies expending under \$100,000 in combined federal/state awards or contracts. If not applicable, submit a signed/dated note, on agency letterhead, stating the NLPA form and accountant's certificate are not required as you will not exceed \$100,000 in combined federal/state awards or contracts. <u>Note</u> : The \$100,000 threshold includes fee-for-service reimbursements made via Medicaid. Also, the NLPA is a State of NJ form and need only list federal/state funds received



		via contracts with the State of NJ.
19	<input type="checkbox"/>	<b>For Each Site Hosting Youth: Current DCF Office of Licensing (OOL) Certificate</b> If not applicable, include a signed/dated note, on agency letterhead, stating you do not provide services to youth onsite and an OOL certificate is not required. Website: <a href="https://www.nj.gov/dcf/about/divisions/ol/">https://www.nj.gov/dcf/about/divisions/ol/</a>
20	<input type="checkbox"/>	Most recent <b>Audit -or- Financial Statement</b> (certified by accountant or accounting firm) <b>Audit:</b> For agencies expending over \$100,000 in combined federal/state awards/contracts -or- <b>Financial Statement:</b> For agencies expending under \$100,000 Policy: <a href="https://www.state.nj.us/dcf/policy_manuals/CON-I-A-7-7.06.2007_issuance.shtml">https://www.state.nj.us/dcf/policy_manuals/CON-I-A-7-7.06.2007_issuance.shtml</a> [Policy Rev.3-2-2020]
21	<input type="checkbox"/>	<b>For Cost Reimbursement Contract Components Including Startup: Report of Expenditures</b> (ROE) Annex B Interim (15 days of end of 6 <sup>th</sup> month) -and- Final (9 months after end of fiscal year) Form: <a href="https://nj.gov/dcf/providers/contracting/forms/">https://nj.gov/dcf/providers/contracting/forms/</a> Submit To: <a href="mailto:ChildrensSystemofCare.BusinessOffice@dcf.state.nj.us">ChildrensSystemofCare.BusinessOffice@dcf.state.nj.us</a>
22	<input type="checkbox"/>	<b>For Each Site Hosting Youth - Copy of Accreditation</b> {Joint Commission, COA, CARF} as applicable (required annually and as amended). If not applicable, include a signed/dated written statement on agency letterhead stating you do not host youth onsite and the accreditation requirement is not applicable.
	<input type="checkbox"/>	<b>CONTRACT DOCUMENTS TO BE MAINTAINED <u>ONSITE</u> BY PROVIDER:</b>
23	<input type="checkbox"/>	<b>Agency Organizational Chart</b>
24	<input type="checkbox"/>	Copy of Most Recently Approved <b>Board Minutes</b>
25	<input type="checkbox"/>	<b>Personnel Manual</b> and <b>Employee Handbook</b> (include staff job descriptions)
26	<input type="checkbox"/>	<b>Affirmative Action Policy/Plan</b>
27	<input type="checkbox"/>	<b>Conflict of Interest Policy</b> and <b>Attestation</b> <a href="https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf">https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf</a>
28	<input type="checkbox"/>	<b>Procurement Policy</b> <a href="https://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf">https://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf</a>