



**REQUEST FOR QUALIFICATIONS  
FOR  
ONE TO ONE SUPPORT SERVICES  
IN SUMMER DAY CAMP AND ALTERNATIVE  
RECREATIONAL SESSIONS  
FOR YOUTH WITH  
INTELLECTUAL/DEVELOPMENTAL  
DISABILITIES**

**Publication Date: January 23, 2023**

**Responses will be accepted on a rolling basis from  
January 23, 2023 through March 1, 2023 by 12 Noon**

**Questions will be accepted until February 3, 2023**

**Christine Norbut Beyer, MSW  
Commissioner**

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## **Pre-Response Submission Information:**

There will be no Respondent's Conference for this RFQ. DCF will provide eligible respondents additional and/or clarifying information about this initiative and response procedures through a time-limited electronic Question and Answer Period. Questions will be accepted by providing them via email to [DCFASKRFP@dcf.nj.gov](mailto:DCFASKRFP@dcf.nj.gov) until **February 3, 2023**. Answers will be posted on the website at: <http://www.state.nj.us/dcf/providers/notices/>.

Technical inquiries about forms, documents, and format may be requested at any time prior to the response deadline, but questions about the content of the response must be requested **by 12 P.M. on February 3, 2023**. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFQ and reference the page number and section number to which it relates. All inquiries submitted should reference the program name appearing on the first page of this RFQ. Written inquiries will be answered and posted on the DCF website as a written addendum to this RFQ at: <https://nj.gov/dcf/providers/notices/requests/>

## **Section I – General Information**

### **A. Purpose:**

The New Jersey Department of Children and Families' (DCF) Children's System of Care (CSOC) announces the opportunity for qualified CSOC summer Traditional day camp providers to become qualified to provide one to one (hereinafter 1:1) support services in their own summer day camp or alternative recreational sessions (ARS) for eligible children, youth, and young adults (hereinafter youth) under the age of twenty-one (21) with intellectual/developmental disabilities.

Camp providers that have been previously qualified to offer 1:1 support in their day camps do not need to reapply.

Camp providers applying to become qualified day camp providers for the first time or applying to provide 1:1 Traditional day camp support services for the first time **must** respond to this RFQ if they wish to provide 1:1 for their campers. **All camp providers applying to become qualified to offer alternative recreational sessions; must** respond to this RFQ if they wish to provide 1:1 for youth participating in their alternative recreational sessions.

Respondents who can demonstrate the capacity to provide services to non-verbal and/or bi-lingual individuals are encouraged.

**Respondents may only provide 1:1 to youth attending qualified camp(s) operated by the respondent's agency.**

## **B. Background:**

DCF is charged with serving and safeguarding the most vulnerable children and families in the State and our mission is to assist all New Jersey residents to be safe, healthy, and connected. Within the Department, CSOC serves youth with emotional and/or behavioral healthcare challenges, intellectual and/or developmental disabilities, and/or in need of addiction services. CSOC is committed to providing these services based on the needs of the youth and family in a family-centered, strength-based, culturally competent, and community-based environment. CSOC believes that the family or caregiver plays a central role in the health and well-being of youth and involves families throughout the planning and treatment process in order to create successful life experiences for their youth.

## **C. Services to be Funded:**

CSOC defines a 1:1 support service as one dedicated staff assigned to one youth who is no more than one arm's length away and within eyesight at all times. An exception to the arm's length requirement may be made for youth who are swimming, at the discretion of the certified lifeguard. The 1:1 support service staff shall ensure that the youth is supervised and provided assistance at all times.

Families who apply for 1:1 support services may be eligible to receive these services if CSOC determines their youth either have challenging behaviors that may threaten the health or safety of themselves or others without the supervision and involvement of a 1:1 support services staff, or an absence of developmentally appropriate adaptive, social, or functional skills and need direct physical assistance from a 1:1 support services staff in order to successfully participate in recreational and social summer camp activities. Youth who require skilled nursing care to provide for their special medical needs would not be a candidate for a 1:1 support services for camp; 1:1 support services staff are not qualified to provide skilled nursing care.

CSOC funded 1:1 support services may only be provided at CSOC qualified summer day camps or alternative recreational session programs (ARS) that possess a Youth Camp Safety Act Certificate of Approval (Certified Camp) issued through the New Jersey Department of Health.

### **1:1 Support Services Staff Qualifications**

1:1 support services staff shall be at least 18 years in age and shall have either:

- A Bachelor's degree in psychology, special education, guidance and counseling, social work, or a related field and at least one (1) year of supervised experience in implementing behavior support plans and teaching/assisting with ADL skills for individuals who have intellectual/developmental disabilities.

- A High School Diploma or GED and at least three (3) years of supervised experience in implementing behavior support plans and teaching/assisting with ADL skills for individuals who have intellectual/developmental disabilities.

### 1:1 Support Services Staff Responsibilities

- Provide support/supervision for youth who may:
  - not have the capacity to engage in and maintain peer relationships or without constant verbal and/or physical prompting may not have the capacity to stay on task and follow directions
  - present with serious behavior problems with ongoing incidents of injurious behaviors to self and/or others; utilizing positive behavior supports and, if applicable, collaborating effectively with ABA professionals (BCBA and/or BCaBA) that are also supporting the youth and implementing the behavior support plan, to ensure consistency with treatment approaches
  - need assistance with all Activities of Daily Living (ADL's) e.g., eating, toileting, communication, mobility
  - present with serious behavior problems with ongoing (daily) incidents of injurious behaviors to self and/or others or wandering off/elopement by youth
  - need an adult in close proximity to supervise social interactions with peers at all times and assist in communication
  - require direct physical assistance with non-medical specialized health care support (e.g., feeding, assistance with braces or prosthesis) or require positioning or bracing multiple times daily
  - require health-related interventions which do not rise to the level of needing skilled nursing care, multiple times daily
  - require direct physical assistance with most personal care
- Provide a 1:1 support services staff and provide a **substitute** 1:1 support services staff in the event of planned or unplanned absences of the regularly assigned 1:1 staff
- Ensure that the youth is willing to accept instruction and assistance from the assigned service staff and substitute staff
- Ensure that the youth responds to direction and complies with evacuation procedures in the event of an emergency

- Assess any crisis related issues and assist with planning for those issues
- Assess and review any risk or safety issue for youth at camp and determine resolutions
- Provide support to assist the youth in developing life skills and enhancing personal relationships through community integration, while increasing safety awareness in various camp settings
- Receive and respond to e-mails and phone calls within one (1) business day upon receipt
- Acknowledge the receipt of referrals within two (2) business days

**Each respondent qualified under this RFQ shall:**

- Comply with **background checks** - All employees rendering services to youth for whom CSOC is providing financial support, are required to have fingerprint background checks.
  - a. Once your agency becomes a qualified provider, CSOC will provide an information packet with the appropriate steps for the fingerprinting background check process.
  - b. The cost of the fingerprinting background check to become a Qualified Provider will be paid for by DCF.
  - c. The agency will be responsible for ensuring provider clearance and maintaining a record of the background checks by accessing the Department of Human Services records as described in the informational packet provided by CSOC.
  - d. The agency shall ensure that all employees rendering services will have state and federal Criminal History Record Information (CHRI) background checks, with fingerprinting completed now and every two years thereafter.
- Comply with N.J.S.A. 30:6D-73 et seq. **Central Registry of Offenders Against Individuals with Developmental Disabilities**. Agencies must ensure that the names of all agency employees, volunteers, and consultants that provide services to youth with intellectual/developmental disabilities shall be checked against those names in the central registry. Additional information can be found at: [http://www.state.nj.us/humanservices/staff/opia/central\\_registry.html](http://www.state.nj.us/humanservices/staff/opia/central_registry.html)

Note: If you are not registered to access the Central Registry, DCF will facilitate the qualified respondent's registration into this system.

- Provide uniform standards of care and conduct regardless of any youth's race, ancestry, color, age, sex, religion, marital status, disability, national origin, mental disorder, sexual preference, or ability to pay.
- Comply with the requirements to report suspected abuse and neglect against a child under 18 years of age to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ ABUSE as set forth in N.J.S.A. 9:6-8.10; and a vulnerable adult 18 years of age or older to Adult Protective Services (APS) as set forth in N.J.S.A. 52:27D-406 to 426.
- Maintain a written program description that specifies its statement of purpose and description of the overall approach to service delivery and family involvement.
- Adhere to the requirements of **HIPAA**, N.J.S.A. 30:4-24.3.
- Protect the confidentiality of the families served.
- Inform families at intake of:
  - the mandated reporting responsibilities of agency staff
  - the grievance procedure established by the agency
  - their access to records upon request and within the statutory authority
- Ensure that each 1:1 support staff has completed and passed the TB skin test. This information shall be held in the provider agency file. Do not forward this information to CSOC.
- Provide appropriate training and supervision for all staff who will be direct 1:1 support services providers that includes, but is not limited to:
  - Positive Behavior Supports
  - Developmental milestones, identifying developmental needs, strengths
  - Crisis management: Prevention, Recognition and Intervention
  - HIPAA
  - Confidentiality and Ethics
  - Basic First Aid and CPR
  - Basic Functional Behavior Assessment activities as well as how to implement proactive intervention plans
  - Danielle's Law, in compliance with P.L.2003, c.191 (C.30:6D-5.1-5.6)
  - Identifying and reporting 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
    - Any incident that includes an allegation of abuse, neglect, or exploitation of a vulnerable adult age 18 and over must be immediately reported to the Division of Aging Services, Adult

Protective Services (APS) in compliance with N.J.S.A. 52:27D-406 to 426

- Any CSOC future training(s) as determined necessary
- Comply with **Danielle's Law** (P.L.2003, c.191 [C.30:6D-5.1-5.6]) which may be accessed at:  
<https://www.state.nj.us/humanservices/ddd/providers/staterequirements/danielle/>
- Be available via phone to address urgent policy and procedure issues and/or provide support.
- Comport with the program, administrative and fiscal procedures that result in the timely provision of appropriate services, accurate invoicing, and correct payments by informing the CSOC Contracted System Administrator (CSA) of the reason for delay if services have not been provided as authorized within thirty (30) days: and submitting invoices within thirty (30) days of the date of service delivery.
- Participate in a fee for service system which results in a list of providers qualified to render supports and services to youth. Qualification does not guarantee a contract, funding, or a particular fee.
- Maintain status as a qualified provider of 1:1 support services by complying with all applicable federal, state, and local laws, rules and regulations regarding licenses, certifications, accreditations and/or other credentialing entities.
- Within five (5) business days of occurrence, notify the Division of permanent loss, temporary suspension, or probationary status of all qualifying credentials, i.e., licenses, certifications, accreditations, insurance.
- Ensure staff receives training and meet the minimum requirements for employment in accordance with any other licensing, certifying or accreditation entities by which your agency is regulated.
- The qualified provider agrees to not subcontract any of the services you have committed to provide pursuant to this qualification.
- Maintain compliance with staff/youth ratios when providing facility based and/or community-based services.
- Follow instructions for submission of invoices for services provided.
- Limit billing procedure to receive payment for only the unit of service(s) authorized to and received by the youth.
- Make available to DCF and/or its agents, at all reasonable times and places in



New Jersey, the following if requested: documentation in participant's records which will enable the DCF, its agents or designee to verify that each charge is due and proper prior to payment.

- Within five (5) business days of occurrence, notify DCF of changes in Executive Director, name of agency, address, telephone number or contact person.
- Notify DCF/CSOC, in writing, sixty (60) days prior to the provider's decision to terminate this agreement.
- Acknowledge breach or violation of any one of the provisions in this RFQ is subject to immediate cancellation at the DCF's discretion.

#### **D. Process for Providing Services:**

CSOC's Contracted System Administrator (CSA), PerformCare, is the single point of entry for access to care. The CSA facilitates service access, linkages, referral coordination, and monitoring of CSOC services. Qualified providers of 1:1 support services will obtain referrals through the CSA. Each qualified provider will be required to demonstrate the ability to conform with and provide services under all protocols, including documentation and timeframes, established by CSOC, and managed by the CSA.

Qualified providers of 1:1 support services in summer day camp or alternative recreational sessions shall apply for authorizations from the CSA to provide the 1:1 services after the family have identified their preferred camp and/or alternative recreational providers and completed the Child Adaptive Behavior Summary (CABS).

Qualified summer camp providers or alternative recreational session programs requiring 1:1 support services for eligible youth seeking to register to attend their summer programs **must arrange to meet with the family/caregiver and jointly complete and sign the response for 1:1 services, and jointly complete the CABS.** The CABS will be used for all youth under age of twenty-one (21) attending a CSOC qualified camp or alternative recreational session and requesting 1:1 support services. These meetings are required to take place **prior to** the youth being authorized for services.

The camp must retain a copy of the jointly completed CABS. Both the response for 1:1 services and the CABS are located on the, PerformCare website. The CABS may be found on this website under: State of New Jersey - Department of Children and Families, Application for Determination of Eligibility for Children under Age 18\* with Developmental Disabilities:

<http://www.performcarenj.org/families/disability/determination-eligibility.aspx>

The CABS is intended to gather information about the youth's typical functioning within the last six (6) months. It should reflect, to the extent possible, how the youth acts and reacts in common daily routines at home, in school, and in the community and provide a

broad picture of the impact of the youth's disability on daily life for both the youth and the caregiver.

When preparing the CABS with the youth and family providers shall ensure that every item is completed. Indicate "not applicable" as appropriate (i.e., the behavior has not been observed or the item does not apply to the youth). Include comments at the end of each section, unless indicated otherwise. Comments may include additional information about actions or behaviors such as intensity, triggers, and whether the youth's current functioning is improving or declining compared to past abilities.

The completed response for 1:1 support services and the completed CABS must be submitted online via PerformCare's Family Portal or by mail to PerformCare. PerformCare will review the CABS, response, and criteria and generate an authorization for eligible youth. PerformCare will send notification to both the caregiver and the camp or provider agency of the services authorized. **Qualified providers of 1:1 support services will not be paid for any services rendered without prior authorization by the CSA.**

Respondents qualified under this RFQ will be provided with address/contact numbers and all necessary information for submission of documents and service requests. Upon receipt of referral information from the CSA, each qualified provider agency is required to, upon request from the CSA, make available 1:1 support services for those found eligible.

### **Qualified Provider Agency Recordkeeping Requirements**

- Maintain the following data in support of all claims:
  - The name and address of the youth being provided services
  - The name and credentials of the person(s) providing the service
  - The exact date(s), location(s), and time(s) of service
  - The type of service(s) provided
  - The length of face-to-face contact, excluding travel time to or from the location of the contact with the youth receiving services
- Maintain an individual service record for each youth authorized to receive 1:1 support services. The record shall contain, at a minimum, the following information:
  - The dates of service and number of care hours, per level of service, received
  - The diagnosis provided with the initial referral
  - The reason for initial referral and involvement

- The service plan, including any amendments, must be completed in collaboration with the 1:1 support services staff providing the service
- Documentation of any and all crisis or emergency situations that occur during the provision of the services, including a summary of corrective action taken and resolution of the situation.

The qualified provider agency shall maintain all documentation related to products, transactions, or services under this contract for a period of five (5) years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

### E. Funding Information:

Each respondent that meets the qualifications and requirements set forth in the RFQ shall receive the published rate for providers of this service as follows:

Discipline	Rate	Unit
<b>1:1 Support Services Aide</b> BA/BS with 1-year relevant experience <b>OR</b> <b>1:1 Support Services Aide</b> HS Diploma/GED with 3 years relevant experience	\$7.50	Per 15 Minutes

1:1 services are reimbursed on a fee-for-service basis. Units of service are defined as fifteen (15) continuous minutes of direct contact service provided to, or on behalf of, the child, youth, adolescent, or young adult. Funding for 1:1 support service is for the timeframe of June through August for up to seven (7) hours a day, and a maximum of ten (10) days for traditional day camp, or twenty (20) sessions for Alternative Recreational Sessions.

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

Services may be provided at any level by a practitioner whose credentials meet and/or exceed the minimum requirements for that service level; however, increased reimbursement shall not be provided.

If the published rate shall change the amount received by the provider shall change. Upon request by DCF, and in order to provide the State with the ability to judge the respondent's financial capacity and capabilities to undertake and successfully meet its obligations upon referral, respondents shall have available two (2) years of certified financial statements,

including a balance sheet, income statement and statement of cash flow, and all applicable notes for the most recent calendar year or the respondent's most recent fiscal year. If certified financial statements are not available, the respondent shall provide either a reviewed or compiled statement from an independent accountant setting forth the same information required for the certified financial statements, together with a certification from the Chief Executive Officer and the Chief Financial Officer, that the financial statements and other information included in the documents fairly present in all material respects, the financial condition, results of operations and cash flows of the respondent as of, and for the time periods presented in the statements. Note: When a provider functions as part of a professional group, conducting an evaluation as a "team," DCF will reimburse the group, as a single entity, the rate for the service provided.

**DCF makes no representation regarding the volume of activity that a provider may expect as a consequence of becoming qualified to provide services under this RFQ. There is no guarantee that the services will be accessed.**

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

DCF intends to fund services offered by providers that meet the qualifications and agree to all the terms and conditions provided by the DCF. CSOC reserves the right to terminate a provider's qualifying status at any time without notice.

Matching funds are not required, and operational start-up costs are not permitted. Funds awarded under this RFQ may not be used to supplant or duplicate existing funding. Any expenses incurred prior to the effective date of the award will not be reimbursed by DCF.

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

## **F. Respondent Eligibility Requirements:**

1. Any changes in provider information shall be communicated to DCF and the DMAHS Office of Provider Enrollment. Any changes in personnel providing or supervising services shall be subject to prior approval by DCF.
2. Respondents must be for profit, not-for-profit corporations or a limited liability company that are duly registered to conduct business within the State of New Jersey.
3. Respondents must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship and in compliance with all terms and conditions of those grants and contracts.

4. If a respondent is under a corrective action plan with DCF, inclusive of its Divisions and Offices, or any other New Jersey State agency or authority, the respondent may not submit a proposal for this RFQ if written notice of such limitation has been provided to the agency or authority. Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action plan have been eliminated and progress maintained to the satisfaction of DCF for the period of time as required by the written notice.
5. Respondents 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.
6. Respondents that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
7. Where appropriate, all respondents must hold current State licenses.
8. Respondents that are not governmental entities must have a governing body that provides oversight as is legally required in accordance with how the entity was formed such as a board of trustees, non-profit, for profit, limited liability company.
9. Respondents must ensure that all employees of the agency who provide direct service will have State and Federal Criminal History Information (CHRI) background checks with fingerprinting completed and pass now and every two (2) years thereafter. The cost of the fingerprinting and criminal history background check to become a **Qualified Summer Camp Provider** for the Children's System of Care will be paid by DCF. Instructions on the fingerprinting process and background checks will be provided to each qualified respondent by the Children's System of Care.
10. Respondents must have the capability to uphold all administrative and operating standards as outlined in this document.
11. Any fiscally viable entity that meets the eligibility requirements, terms, and conditions of the RFQ, and the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3) may submit a response.

## **G. Response Submission Instructions:**

**All responses must be delivered ONLINE on the due date by 12:00 P.M. Responses received after 12:00 P.M. on March 1, 2023 will not be considered.**

To submit online, respondent must complete an Authorized Organization Representative (AOR) form. The completed AOR form must be signed and dated by the Chief Executive Officer or designated alternate and sent to [DCF.ASKRFP@dcf.nj.gov](mailto:DCF.ASKRFP@dcf.nj.gov)

Authorized Organization Representative (AOR)

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

Registered AOR forms must be received not less than five (5) business days prior to the date the response is due. Upon receipt of the completed AOR, DCF will grant the respondent permission to proceed and provide instructions for the submission of the response. DCF recommends not waiting until the due date to submit your response in case there are technical difficulties during your submission.

## **H. Administration:**

### **1. Response Screening for Eligibility, Conformity, and Completeness**

DCF will conduct a preliminary review of each response to determine whether it is eligible for evaluation or immediate rejection in accordance with the following criteria:

1. The response was received prior to the stated deadline.
2. The response is signed and authorized by the respondent's Chief Executive Officer or designated alternative.
3. The response is complete in its entirety, including all documents required to be submitted in support of the response and the organizational documents prerequisite to a contract award if any of these documents are missing from the response, DCF may provide an email notice to the respondent after the response is submitted. Respondents will have up to five (5) business days after notice from DCF to provide the missing documentation, except those documents required by the RFQ and/or applicable law to be submitted with the proposal. If the documents are not then timely submitted in response to that notice, the response may be rejected as non-responsive.
4. The response conforms to the specifications set forth in the RFQ.

### **2. Qualification/Response Review Process**

The Department convenes an Evaluation Committee in accordance with existing regulation and policy to review all responses. All voting and advisory reviewers complete a conflict-of-interest form. Those individuals with conflicts or with the appearance of a conflict are disqualified from participation in the review process. The voting members of the Evaluation Committee will review responses, deliberate as a group, and recommend final funding decisions.

The Department reserves the right to reject any response 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, the State's loss of funding, inability of the respondent to provide adequate services, respondent's lack of good standing with the Department, and indication or allegation of misrepresentation of

information or non-compliance with any State contracts, policies and procedures, or State or Federal laws and regulations.

A response to a RFQ may result in a contract award if the Evaluation Committee concludes the respondent will comply with all requirements as demonstrated by submitting the specified documentation and signing the Statement of Acceptance. All respondents are required to provide all the requested documentation and to confirm their ability to meet or exceed all the compulsory requirements, to provide services consistent with the scope of services delineated, and to comply with all the service implementation and payment processes described.

A response to a RFQ may result in a contract award if the Evaluation Committee concludes the respondent will comply with all requirements as demonstrated by submitting the specified documentation and signing the Statement of Acceptance. All respondents are required to provide all the requested documentation and to confirm their ability to meet or exceed all the compulsory requirements, to provide services consistent with the scope of services delineated, and to comply with all the service implementation and payment processes described.

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

### 3. **Special Requirements**

- Respondents are required to complete the DCF/CSOC **Agency Data Information Form** attached as **Attachment 1**.
- Respondents are required to confirm their compliance with all of the qualification requirements. This completed document, the **Signature Certificate of Acceptance** Form is certification that you are able to meet all of the compulsory requirements and able to provide services consistent with the scope of services delineated in the RFQ attached as **Attachment 2**.

### 4. **Electronic Record Operating Requirements**

The current minimum operating requirements for the CSOC's CSA's MIS system are available at <http://performcarenj.org/cyber/access-requirements.aspx>

## I. **Appeals**

An appeal of a determination to reject a response as incomplete or unresponsive may be considered only to dispute whether the facts of a particular case are sufficient to meet the requirements for rejection and not to dispute the existence of any of the requirements.

An appeal of a determination not to award contract funding may be considered only if it is alleged that DCF has violated a statutory or regulatory provision in its review and evaluation process.

Pursuant to DCF policy P1.08, such appeals must be submitted in writing within ten (10) business days following the date on the Notice of Regret letter by emailing it to [DCF.AHUAppeals@dcf.nj.gov](mailto:DCF.AHUAppeals@dcf.nj.gov) and/or mailing it to:

Department of Children and Families  
Office of Legal Affairs  
Contract Appeals  
PO Box 717  
50 East State Street, 4th Floor  
Trenton, NJ 08625

## **J. Post Qualification Requirements-General Conditions of Contract Execution:**

Respondents who receive notice of DCF's intent to award them a contract will be referred to the DCF Office of Contract Administration (OCA). As a condition of executing a contract, awardees must resolve with OCA any issues raised in the award letter or otherwise found to be need of clarification. If DCF finds after sending a notice of intent to award that the awardee is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the award may not proceed to contract execution. DCF determines the effective date of any contract, which is the date compensable services may begin.

A respondent awarded a contract shall be required to comply with the terms and conditions of the Department of Children and Families' contracting rules, regulations, and policies as set forth in the Standard Language Document, the Notice of Standard DCF Contract Requirements, the Contract Reimbursement Manual, and the Contract Policy and Information Manual. Awardees may review these items via the Internet at [www.nj.gov/dcf/providers/contracting/manuals](http://www.nj.gov/dcf/providers/contracting/manuals) and <https://www.state.nj.us/dcf/providers/contracting/forms/>.

Awardees also shall comply with all applicable State and Federal laws and statutes, assurances, certifications, and regulations regarding funding.



## **Section II – Response Instructions**

### **A. Respondents Requirements and Supporting Documents:**

All supporting documents submitting in response to this RFQ must be organized in the following manner:

<b>Supporting Document Checklist</b>
<b>Attachment 1</b> –Agency Data Information Form
<b>Attachment 2</b> –Signature Certificate of Acceptance
Three (3) written <b>professional letters of support</b> on behalf of the applying agency specific to the provisions of services under this RFQ (references from family members of individuals receiving services and New Jersey State employees are prohibited). Template/duplicate letters of support are not acceptable. Please include telephone numbers and e-mail for all references so they may be contacted directly.
<b>Exhibit A</b> –DCF/CSOC Pre-Award Documents
<b>Exhibit B</b> –DCF/CSOC Post-Award Documents

**Attachment 1**

New Jersey Department of Children and Families  
Children's System of Care (CSOC)  
**Summer Camp 1 to 1**

**AGENCY DATA INFORMATION FORM**

Date: \_\_\_\_\_

**PLEASE TYPE OR PRINT LEGIBLY**

**► AGENCY/CORPORATE DATA**

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

County (corporate location): \_\_\_\_\_ Agency Type:  Non-Profit  For Profit

- Agency ID Numbers:
- FEIN (9-digit): \_\_\_\_\_
  - UEI (12-digit): \_\_\_\_\_
  - NJSTART (9-digit): \_\_\_\_\_

**► AGENCY CONTACTS**

CEO -or- EXECUTIVE DIRECTOR: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_

PROGRAM: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Handles all questions pertaining to the contract and funded programs. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_

FISCAL: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Handles all questions pertaining to ROE, audit, and closeout reports. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_

CENSUS/BILLING: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Handles all questions pertaining to claims and census data. Uses Cyber, when applicable. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_

**Attachment 2**

New Jersey Department of Children and Families  
Children’s System of Care (CSOC)

**Summer Camp 1 to 1**

**SIGNATURE CERTIFICATE OF ACCEPTANCE**

By my signature below, I hereby certify that:

I have the necessary authority to execute this agreement between my Agency and the Department of Children and Families (DCF). I have read, understand, and will comply with all of the above terms and conditions of providing the services described in this RFQ. I agree to provide all of the required services and to comply with all of the service implementation and payment processes described in Section I of this RFQ for One-to-One Supports and Services for Youth with Intellectual/Developmental Disabilities. I certify that I meet all of the qualifications and have provided all of the documentation required in Section II of this RFQ for providing these required services. The information I have given in response to this RFQ is correct and complete. Failure to abide by the terms of this attestation is a basis for DCF’s withdrawal of my qualification to provide these services.

_____	_____	_____
RESPONDENT’S NAME (Please Print)	SIGNATURE	DATE

_____	_____	_____
CEO OR EQUIVALENT NAME (Please Print)	SIGNATURE	DATE

PLEASE NOTE:  
This response is subject to public disclosure under the New Jersey Open Public Records Act.

## **EXHIBIT A**

New Jersey Department of Children and Families

Children's System of Care (CSOC)

Summer Camp 1 to 1

### **Pre-Award Documents Required**

1) A description of how your **Accounting** System has the capability to record financial transactions by funding source, to produce funding source documentation, authorization to support all expenditures, and timesheets which detail by funding source how the employee spent their time, invoices, etc.

2) **Affirmative Action Certificate:** Issued after the renewal form [AA302] is sent to Treasury with payment.

Note: The AA302 is only applicable to new startup agencies and may only be submitted during Year One (1). Agencies previously contracted through DCF are required to submit an Affirmative Action Certificate.

Website: [https://www.state.nj.us/treasury/contract\\_compliance/](https://www.state.nj.us/treasury/contract_compliance/)

3) **Agency By-Laws** -or- Management **Operating Agreement** if a Limited Liability Corporation (LLC) or Partnership

4) Statement of **Assurances** signed and dated.

Website: <https://www.nj.gov/dcf/providers/notices/requests/#2>

Form: <https://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc>

5) **Attestation Form for Public Law P.L. 2021, c.1** - Complete, sign and date as the provider.

Form: [Attestation.Form.To.Be.Completed.by.Providers.Covered.by.Public.Law.2021c.1.-6.7.21.pdf](https://www.nj.gov/dcf/providers/notices/Attestation.Form.To.Be.Completed.by.Providers.Covered.by.Public.Law.2021c.1.-6.7.21.pdf) (nj.gov)

6) Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of either the **Board of Directors** of a corporation, or the **Managing Partners** of a Limited Liability Corporation (LLC)/Partnership, or the **members** of the responsible governing body of a county or municipality.

7) For Profit: **NJ Business Registration Certificate** with the Division of Revenue (see instructions for applicability to your organization).

Website: <https://www.nj.gov/treasury/revenue/busregcert.shtml>

- 8) **Business Associate Agreement/HIPAA** - Sign and date as the Business Associate.  
Form: <https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx>
- 9) **For Profit: Chapter 51/Executive Order 117** Vendor Certification and Disclosure of Political Contributions (See instructions for applicability to your organization).  
Website: <https://www.nj.gov/treasury/purchase/forms.shtml>
- 10) **Conflict of Interest Policy and Attestation Form**  
Form: [https://www.nj.gov/dcf/documents/contract/manuals/CPIM\\_p8\\_conflict.pdf](https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf)
- 11) All **Corrective action plans or reviews** completed by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two (2) years. If applicable, a copy of the corrective action plan should be provided and any other pertinent information that will explain or clarify the respondent's position. If not applicable, the respondent is to include a signed written statement that it has never been under any Corrective Actions or reviews. Respondents 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. Respondents subject to a Corrective Action not yet completed are not eligible to apply.
- 12) **Certification Regarding Debarment**  
Form: <https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf>
- 13) **Disclosure of Investigations & Other Actions Involving Respondent**  
Form: <https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf>
- 14) **Disclosure of Investment Activities in Iran**  
Form: <https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf>
- 15) **Disclosure of Ownership (Ownership Disclosure Form)**  
Form: <https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf>  
The Ownership Disclosure form must be completed and returned by non-profit and for-profit corporations, partnerships, and limited liability companies. The failure of a **for-profit** corporation, partnership, or limited liability company to complete the form prior to submitting it with the response **shall result in rejection of the proposal**.
- 16) **Disclosure of Prohibited Activities in Russia and Belarus**  
Form: [Certification.on.NonInvolvement.Prohibited.Activities.in.Russia.or.Belarus.pdf \(nj.gov\)](https://www.nj.gov/treasury/purchase/forms/Certification.on.NonInvolvement.Prohibited.Activities.in.Russia.or.Belarus.pdf)
- 17) **Source Disclosure Form (Disclosure of Source Location of Services Performed Outside the United States)**  
Form: <http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf>
- 18) Document showing **Unique Entity ID (SAM) Number**  
Website: <https://sam.gov/content/duns-uei>

19) **Certificate of Incorporation**

Website: <https://www.nj.gov/treasury/revenue>

20) **Notice of Standard Contract Requirements, Processes, and Policies** Sign and date as the provider

Form: [Notice.of.Standard.Contract.Requirements.pdf \(nj.gov\)](#)

21) **Organizational Chart for Agency** - Ensure chart includes the agency name, current date, and the allocation of personnel among each of the agency's DCF programs with their position titles and names.

22) **Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child standards** - A brief description (no more than two (2) pages double spaced) of the ways in which agency's operations (policies and/or practices) mirror these standards. The document should include the agency name & current date. The Standards are available at: ["Sexual Abuse Safe-Child Standards" \(state.nj.us\)](#)

23) **Standard Language Document (SLD) (or Individual Provider Agreement or Department Agreement with another State Entity as designated by DCF.)**

Sign and date as the provider

Form: <https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc>

24) **System for Award Management (SAM)** Submit a printout showing active status and the expiration date. Available free of charge.

Website: <https://sam.gov/content/home>

Helpline:1-866-606-8220

25) **Tax Exempt Organization Certificate (ST-5) -or- IRS Determination Letter 501(c)(3)**

Website: <https://www.nj.gov/treasury/taxation/exemptintro.shtml>

26) **Tax Forms: Submit a copy of the most recent full tax return**

Non-Profit: Form 990 Return of Organization Exempt from Income Tax or- For Profit:

Form 1120 US Corporation Income Tax Return -or-

LLCs: Applicable Tax Form and may delete/redact any SSN or personal information

Note: Store subsequent tax returns on site for submission to DCF upon request.

27) **Trauma Informed and Cultural Inclusivity Practices** - Submit written policies describing the incorporation of these practices into your provision of services.

28) **Youth Camp Safety Act Certificate of Approval** issued by the Department of Health

Form:<https://www.nj.gov/health/ceohs/phfpp/youthcamps/operators/license.shtml#4>

## **EXHIBIT B**

New Jersey Department of Children and Families  
Children's System of Care (CSOC)  
Summer Camp 1 to 1

### **Post-Award Documents Prerequisite to the Execution of All Contracts**

- 1) **Acknowledgement of Receipt** of NJ State Policy and Procedures: Return the receipt to DCF Office of EEO/AA.

Form: <https://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf>

Policy: <https://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf>

- 2) **Annual Report to Secretary of State** proof of filing.

Website: <https://www.njportal.com/dor/annualreports>

- 3) **Employee Fidelity Bond Certificate** (commercial blanket bond - crime/theft/dishonest acts)

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. The \$50,000 threshold includes fee-for-service reimbursements made via Medicaid. Not Applicable Note: Should state your agency will not exceed \$50,000 in combined State of NJ contracts for the current year.

Email To: [OfficeOfContractAdministration@dcf.nj.gov](mailto:OfficeOfContractAdministration@dcf.nj.gov) and copy your contract administrator

Policy: [https://www.nj.gov/dcf/documents/contract/manuals/CPIM\\_p8\\_insurance.pdf](https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf)

- 4) **Liability Insurance** (Declaration Page/Malpractice Insurance/Automobile Liability Insurance)  
Important: Policy must show:

- a. DCF as the certificate holder – NJDCF 50 E State Street, Floor 3, P.O. Box 717, Trenton, NJ 08625
- b. Language Stating DCF is “an additional insured”
- c. Commercial Liability Minimum Limits of \$1,000,000 an occurrence, \$3,000,000 aggregate
- d. Commercial Automobile Liability Insurance written to cover cars, vans or trucks, limits of liability for bodily injury and property damage should not be less than \$2,000,000/occurrence.

Email To: [OfficeOfContractAdministration@dcf.nj.gov](mailto:OfficeOfContractAdministration@dcf.nj.gov) and copy your contract administrator  
Policy: [https://www.nj.gov/dcf/documents/contract/manuals/CPIM\\_p8\\_insurance.pdf](https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf)

- 5) Document showing **NJSTART** Vendor ID Number (NJ's eProcurement System) Website: <https://www.njstart.gov/> Helpline: 609-341-3500 or - njstart@treas.nj.gov
- 6) **Standardized Board Resolution Form**  
Form: [https://www.nj.gov/dcf/documents/contract/manuals/CPIM\\_p1\\_board.pdf](https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p1_board.pdf)
- 7) **Chapter 271/Vendor Certification and Political Contribution Disclosure Form**  
[2006 Federal Accountability & Transparency Act (FFATA)]  
Form: <https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf>
- 8) **Program Organizational Chart**  
Should include agency name & current date

### **Contractor Requirements for Reporting**

In addition to the reporting requirements specified in this RFQ relative to the delivery and success of the program services, Contractors are obligated to produce the following general reports as a contracting requirement.

- 1) **Audit or Financial Statement** (Certified by accountant or accounting firm.)  
A copy of the Audit must be submitted to DCF by all agencies expending over \$100,000 in combined federal/state awards/contracts if cognizant with any department of the State of NJ. As noted in the Audit DCF Policy CON -I-A-7-7.6.2007 Audit Requirements, section 3.13 of the Standard Language Document, DCF also may request at any time in its sole discretion an audit/financial statement from agencies expending under \$100,000 that are not cognizant with any department of the State of NJ. Note: Document should include copies of worksheets used to reconcile the department's Report of Expenditures (ROE) to the audited financial statements. (DCF Policy CON -I-A-7-7.6.2007 Audit Requirements)

Contractors are to submit the most recent audit or financial statement with the initial contract and then each subsequent one within 9 months of the end of each fiscal year.

Policy: [https://www.nj.gov/dcf/documents/contract/manuals/CPIM\\_p7\\_audit.pdf](https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf)

- 2) **DCF Notification of Licensed Public Accountant Form (NLPA)-and- copy of Non-Expired Accountant's Certification**

Contractor must ensure DCF form is used, and 2 signatures are provided. Not required for agencies expending under \$100,000 in combined federal/state awards or contracts. The \$100,000 threshold includes fee-for-service reimbursements made via Medicaid. Also, the NLPA is a State of New Jersey form and need only list federal/state funds received via contracts with the State of New Jersey.

Contractors are to submit this form with each Audit, providing info related to the year subsequent to the audit.



Not Applicable Note: Must state your agency will not exceed \$100,000 in combined Federal/State awards or contracts.

Form: <https://www.nj.gov/dcf/providers/contracting/forms/NLPA.docx>

- 3) Photocopies of Licensed Public Accountant firm's **license to practice**, and most recent **external quality control review** to be submitted with the NPLA.

4) **Significant Events Reporting:**

Timely reports as events occur to include, but not be limited to, changes to: (1) Organizational Structure or Name [DCF.P1.09-2007]; (2) Executive and/or Program Leadership; (3) Names, titles, terms and addresses, of the Board of Directors; (4) Clinical Staff; (5) Subcontract/consultant agreements and the development or execution of new ones; (6) a FEIN; (7) Corporate Address; (8) Program Closures; (9) Program Site locations; (9) Program Site locations; (10) Site Accreditations (TJC,COA,CARF); (11) the contents of the submitted Standard Board Resolution Form; (12) Debarment and SAM status; and (13) the existence and status of Corrective Action Plans, Audits or Reviews by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities.

Note: Agencies are under a continuing obligation, through the completion of any contract with the State of NJ, to renew expired forms filed with the NJ Department of Treasury and to notify Treasury in writing of any changes to the information initially entered on these forms regarding: Investment Activities in Iran as per P.L. 2012, C.25; Investment Activities in Russia or Belarus as per P.L. P.L.2022, c.3; Disclosures of Investigations of the Vendor; Ownership Disclosure if for profit; Service Location Source Disclosure as per P. L. 2005, C.92; Political Contribution Disclosure as per P.L. 2005, C.271; Report of Charitable Organizations, and the Two-Year Chapter 51 Vendor Certification and Disclosure.

Policy: [https://nj.gov/dcf/documents/contract/manuals/CPIM\\_p1\\_events.pdf](https://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf)

Website: <https://www.state.nj.us/treasury/purchase/forms.shtml>

**Contractor Requirements to Store Organizational Documents on Site**

- 1) Affirmative Action Policy/Plan
- 2) Copy of Most Recently Approved Board Minutes
- 3) Books, documents, papers, and records which are directly pertinent to this contract for the purposes of making audits, examinations, excerpts, and transcriptions, and to be produced for DCF upon request.
- 4) Personnel Manual & Employee Handbook (include staff job descriptions)
- 5) Procurement Policy