



**REQUEST FOR QUALIFICATIONS
FOR
RESPITE SERVICES FOR YOUTH WITH
INTELLECTUAL/DEVELOPMENTAL DISABILITIES**

Publication Date January 24, 2023

**Responses will be accepted on a rolling basis from
January 24, 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 application procedures through a time-limited electronic Question and Answer Period. Questions will be accepted providing them via email to 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:

Section I – General Information

A. Purpose:

The New Jersey Department of Children and Families Division of Children's System of Care (DCF/CSOC) announces the opportunity for respondents statewide through this Request for Qualifications (RFQ) to become qualified to provide respite services for families with children, youth, and young adults under age twenty-one (21) (hereinafter youth) with developmental disability (DD). eligibility in accordance with N.J.A.C. 10:196.

Existing respite providers are not required to apply to this RFQ. The published rates for Agency Hired Respite (AHR), Self-Hired Respite (SHR), Agency After School Care (AAS), Overnight Respite (OVR), and Agency Weekend Recreation (AWR) were adjusted in August 2021; all previously qualified providers of these services under the August 8, 2016, RFQ have been notified accordingly.

Note: Qualification to provide services is contingent upon continuously proven ability to provide services in compliance with this RFQ and any subsequent amendments to the resulting contract. Services may be suspended at the discretion of CSOC.

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.

This RFQ seeks to expand the pool of respite providers. Respite care services are designed to offer families the opportunity for a break from caregiving responsibilities on a temporary or emergency basis for intermittent or short periods of time. Respite means “break” or “relief.” Respite also provides a positive experience for the youth receiving care.

C. Definitions:

Contracted System Administrator (CSA): The CSA is CSOC’s single point of entry and facilitates service access, linkages, referral coordination, and monitoring of CSOC services. The CSA will initiate referrals for respite services. Each awardee 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. The CSA also maintains CYBER, CSOC’s Management Information System (MIS) which serves as the electronic record for youth enrolled with CSOC. Information is HIPAA protected and is compliant with 42 CFR Part 2 as appropriate.

Danielle’s Law: This law requires anyone who works directly with individuals with an I/DD or traumatic brain injury to call 911 in life-threatening emergencies. www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html

Electronic Visit Verification (EVV): A web-based system that verifies when provider visits occur and documents the precise time services begin and end. It ensures that youth and families receive their authorized services. This new technology is now required by federal law for certain services provided through NJ FamilyCare. For CSOC service providers, this AHR providers.

Family: As defined in the Family Support Act, N.J.S.A. 30:6D-35, a family means the eligible youth with I/DD, the youth’s biological or adoptive parent or uncompensated resource family parent or legal guardian who lives with and cares for the youth with I/DD, and the youth’s siblings.

Family Support Services (FSS): As defined in N.J.S.A. 30:6D-35, FSS “means a coordinated system of public and private support services which are designed to maintain and enhance the quality of life of [youth] with I/DD and [the youth’s] family.”

Fee-For Service/Rate Based Contracting: Service providers receive a fee/rate for a specified unit of service under fee for service/rate-based contracting.

Health Insurance Portability and Accountability Act (HIPAA): A federal law that establishes privacy standards for protected health information held by “covered entities” (health plans, health care clearinghouses, and most health care providers). The implementing regulations at 45 C.F.R. Parts 160 and 164 (known as the “Privacy Rule”) issued by the U.S. Department of Health and Human Services provide standards for the use and disclosure of protected health information.

Protected Health Information (PHI): Individually identifiable health information transmitted or maintained by a covered entity or its business associate. Health information is any information that “relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.” 45 C.F.R. 160.103.

Respite: This service provides care and supervision to youth with I/DD, either in their family home or in a community setting, to temporarily relieve the family from the demands of caring for them. The care is intended to be provided during the times when the family normally would be available to provide care.

Self-Hired Respite (SHR): This service is provided to families who want to recruit and hire their respite worker of choice. The family must ensure that their employment of the SHR worker is consistent with all Federal and New Jersey requirements and that the SHR worker has a Tax Identification Number (TIN) or an Individual Tax Identification Number (ITIN). The SHR worker must be a non-household member over 18 years of age. This worker is responsible for reporting all earned income and paying any/all applicable Federal and New Jersey income tax withholding and employment-related taxes in compliance with all Federal and New Jersey requirements in a timely manner. The family pays the worker directly and sends the paperwork in support of reimbursement to the provider agency on a monthly basis. The monthly documentation the families and the facilitating provider agency must maintain includes the number of respite service hours provided, copies of the respite worker’s progress notes and daily log, and the amount of the self-hired stipend to be reimbursed. Agency providers of SHR dollars to families are also expected to provide training, the form of which is left to the provider, to ensure family-selected respite workers are aware of and have access to the agency provider’s expertise. SHR is limited to up to 240 units (60 hours) per 90 days. Families can utilize time as needed within the 90-day authorization.

Agency Hired Respite (AHR): This service is provided to families who want a respite worker who is recruited, trained, and employed by a qualified agency to provide social and recreational experiences to youth in or out of their homes in the community. AHR is

limited to up to 240 units (60 hours) per 90 days. Families can utilize time as needed within the 90-day authorization.

***For this service, compliance with EVV requirements is mandatory. All information regarding EVV compliance is available on the NJ CSOC Information Center: <https://hhaexchange.com/nj-csoc/>.**

Agency After School Care (AAS): This service provides social and recreational experiences rather than educational programming to youth at the end of the school day in a group setting. This includes preschool-aged youth enrolled in a public school's Pre-K program and youth attending Extended School Year programs. AAS is provided at an agency's site and not in the youth's home. The youth's family is responsible for providing/arranging transportation. If the provider chooses to offer transportation to or from the program site, the cost must be included in the posted rate. No additional funds over the posted rate will be provided for transportation. AAS is limited to up to 960 units (240 hours), inclusive of transportation to and/or from a service, per 90 days. Families can utilize time as needed within the 90-day authorization.

Agency Weekend Recreation (AWR): This service provides social and recreational experiences to youth out of their homes in a group setting, sometimes including a community outing component, Friday evening through Sunday. AWR does not include respite services during overnight hours. The youth's family is responsible for providing/arranging transportation. If the provider chooses to offer transportation to or from the program site, the cost must be included in the posted rate. No additional funds over the posted rate will be provided for transportation. AWR is limited to up to 300 units (75 hours), inclusive of transportation to and/or from a service, per 90 days. Families can utilize time as needed within the 90-day authorization.

Overnight Respite (OVR): This service allows youth with I/DD to stay overnight in a safe, short-term alternate living arrangement. The youth's family is responsible for providing/arranging transportation. No additional funds over the posted rate will be provided for transportation. Each youth may attend up to fourteen (14) nights in a rolling 351-day period, based on availability. Services must be provided in a licensed facility with round-the-clock supervision and care. OVR services may not occur in a hotel or any facility not licensed by a state department (i.e., Department of Children and Families (DCF) Department of Human Services (DHS), Department of Health (DOH), etc.)

Unusual Incident Reporting: UIR is the process of reporting unusual incidents that occur in the DHS and the DCF facilities and contracted programs as per Administrative Order 2:05 and its Addendum using the Unusual Incident Management Reporting System: <https://www.nj.gov/humanservices/staff/opia/cimu/>

D. Description of Services:

Caring for youth with I/DD presents additional challenges that go beyond the everyday stresses of being a parent. As a result, parents and other primary caregivers may need longer rest periods or access to downtime. It may also be more difficult to find a qualified person to care for the youth. Respite can help offset these challenges.

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

Respite services will also allow caregivers to improve the nature of their caregiving activities through attendance at training events and educational programs that will increase their ability to become experts in handling the challenges facing their families. Full-time caregivers of youth with special needs must develop expertise in areas such as nursing and physiotherapy and need time to learn these skills.

Respite services as part of a service plan can achieve several goals:

1. avoid “burnout”
2. reduce stress
3. prevent family disruption
4. enhance relationships

The qualified provider, upon initial contact, and in consultation with the families, will clearly state the reasons and goals for the type of respite provided in a respite service plan. The plan can be a simple statement providing the purpose and goals that are to be reviewed quarterly, at a minimum, to ensure the achievement of a goal(s) and track progress.

The type of respite that is right for the family will depend on what is available in the community as well as the family’s unique needs and preferences.

Identifying the specific reason that the family needs respite may help clarify the type of respite that will work best and help plan how to use the respite time effectively.

Respite is not a substitute for childcare, school, or participation in other age-appropriate activities. Respite is also not a substitute for services provided by a home health aide for self-care needs (bathing, dressing, feeding, and toileting).

Providers may use their own format for service plans; however, CSOC has provided **two sample respite service plans, Attachment A**. Progress notes with a brief description of

each service visit and the respite worker's daily log of the youth's behaviors and activities as well as any concerns or successes are also required. Providers may use their own format for progress notes/daily logs; however, CSOC has provided a sample **Progress Note/Daily Log template** with required fields, **Attachment B**. The agency contact information is submitted **Attachment C**.

DCF is seeking to approve all respondents whose qualifications are overall conforming to this RFQ to provide one (1) or more of the following five (5) services as defined in **Section C Definitions**: Self-Hired Respite; Agency Hired Respite; Agency After School Care; Agency Weekend Recreation; and Overnight Respite for families with eligible youth under age 21. Respondents who can demonstrate the capacity to provide services to non-verbal and/or non-English speaking individuals are encouraged to apply.

Respondents qualified to provide any one service also are eligible to provide the other four services. Qualified providers, who seek to add a service program after the closing of the RFQ process that was not checked in the **Program Component Form, Attachment D** submitted with their response to the RFQ, would submit the following items directly to the CSOC service line manager for approval:

1. Completed **Attachment D** that indicates the new service or services to be provided; and
2. Any required documents applicable to the new service to be added, such as the provision of licensing and/or health and fire certificates when adding AAS or OVR programs.

By signing and submitting "**Attachment E – Signature Certificate of Acceptance,**" providers qualified under the RFQ who seek to engage additional workers for providing respite services confirm their compliance with all the qualification requirements. This completed document is certification that you/your workers can meet all of the compulsory requirements and are able to provide services consistent with the scope of services delineated in the RFQ.

Each provider qualified under this RFQ shall:

1. 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 the Department of Children and Families.
 - 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.

2. 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

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

3. 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.
4. 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.
5. Comply with unusual incident reporting (UIR) per A.O. 2:05 and its Addenda found here: <https://www.nj.gov/humanservices/staff/opia/cimu/>
6. Comply with Danielle's Law.
7. For all respite programs, the completion of the Child Abuse Record Information (CARI) background checks is required
8. Maintain on-site a written program description that specifies a statement of purpose and description of the overall approach to service delivery and family involvement.
9. Inform families at intake of:
 - a) the mandated reporting responsibilities of agency staff /respite workers;
 - b) the grievance procedure established by the agency; and
 - c) their ability to access records upon request and within the statutory authority.
10. Adhere to the requirements of HIPAA, N.J.S.A. 30:4-24.3, and any other applicable law regarding confidentiality.

11. Protect the confidentiality of the families served.
12. Maintain an individual service record for each youth, which shall contain, at a minimum, the following information:
 - a) documentation that family members have been informed of their rights and the agency's policies and obligations;
 - b) contact phone numbers for the respite worker and any supervisor;
 - c) the reason for initial referral and involvement;
 - d) information on the youth's behavior from the parents, youth's interests, and any limitations on activities;
 - e) respite service plan, including any amendments;
 - f) documentation that respite plan is reviewed at a minimum, quarterly;
 - g) the initial schedule for allocation of respite hours;
 - h) progress notes with a brief description of each service visit and the respite worker's daily log of the youth's behaviors and activities as well as any concerns or particular successes;
 - Providers may use their own format for progress notes/daily logs; however, CSOC has provided a sample **Progress Note/Daily Log template** with required fields, **Attachment B**.
 - i) for each discrete contact with the youth and family, progress notes that address the defined goals stipulated in the youth's respite plan must be completed;
 - j) the number of respite service hours provided and the amount of any self-hired stipend to be reimbursed;
 - k) dates of service and number of care hours, per level of service, received; and,
 - l) documentation of any and all crisis or emergency situations that occur during the provision of the services, including a summary of action taken and resolution of the situation.
13. Be responsible for the safety and welfare of the youth served and develop the means to ensure and document on-site that every respite worker it hires for all services, or reimburses under a SHR program, will:
 - a) attend and participate in all required trainings;
 - b) maintain progress notes with a brief description of each service visit;
 - c) maintain a log on the youth's behaviors and activities;
 - d) obtain permission from the parent/legal guardian for all activities; and
 - e) pass Tuberculin Skin (TB) test (i.e. medical clearance to provide services),
 - The SHR worker is responsible for obtaining his or her TB test.

- Individuals may obtain a TB test from multiple sources: private physicians, Federally Qualified Health Center (FQHC), County Health Department, Clinics in local hospitals, and some select pharmacies. FQHC charge using a sliding fee scale, based on income and ability to pay; County Health Departments are generally free, and select pharmacies charge a set fee. It is the family's responsibility to obtain proof of completion from the SHR and send the provider agency a statement that the SHR worker has completed the TB test and is able to work. The provider agency shall keep this statement for its own records. The family shall not send protected health information (actual medical records) to the provider agency; the family will keep that for its own records.

14. Promote the improvement of the quality of services provided through staff training* concerning:

- Agency Policies;
- Nurtured Heart Approach*;
- Positive Behavior Supports;
- Developmental Milestones; Identifying Developmental Needs and Strengths;
- Cultural Competency;
- Crisis Management: Prevention, Recognition, and Intervention;
- HIPAA;
- Confidentiality and Ethics;
- Basic First Aid and CPR;
- Infectious Disease Control;
- Danielle's Law (In compliance with P.L.2003, c.191 [C.30:6D-5.1-5.6]);
- Any CSOC future training(s) as determined necessary; and
- Identifying and reporting abuse and neglect; child abuse and neglect; and abuse, neglect, or exploitation of a vulnerable adult age 18 or over.

- For Self-Hired Respite Workers ONLY:

Training may be as simple as mailing out a pamphlet to all SHR workers or as extensive as inviting them to attend an onsite orientation and/or workshop. At a minimum, SHR workers shall be provided with the following:

1. Agency Hours of Operation
2. Agency Contact Person
3. Overview of Responsibilities and Expectations
4. Emergency Procedure Plan
5. NJ Child Abuse Hotline/NJ State Central Registry (SCR):
1-877-NJ ABUSE (652-2873)
6. HIPAA

7. Danielle's Law

8. Child Abuse and Neglect or Exploitation of a vulnerable adult age 18 or over.

*Providers may access the DCF CSOC training site and staff may attend our offered training(s) which are free of charge. Staff may receive training in the required topics from any other appropriate source. Many agencies have their own curriculums and train staff in-house <http://nj.gov/dcf/providers/csc/training/>

15. Be available via phone to all respite workers (including SHR) to address urgent policy and procedure issues and/or provide support.
16. Comport with the administrative procedures that result in the timely provision of appropriate services, by:
 - a) proper use of the CSA's electronic record system and the FSS Link
 - b) informing the CSA of the reason for delay if services have not been provided within thirty (30) days;
 - c) contacting the family within three (3) workdays of placing youth in Review*;
 - d) developing a respite service plan with the family within three (3) workdays of placing youth in Admit* status;
 - e) establishing a respite goal with the family; and
 - f) determining a consistent schedule for service provision.

**Status is defined under Section F*
17. Comport with the fiscal procedures that result in accurate invoicing, and correct payments by submitting claims within thirty (30) days of the completion of a service that specify the youth served and the number of hours of service.
18. Maintain the following data in support of all claims:
 - a) name and address of the youth being provided services;
 - b) the name and credentials of the person(s) providing the service;
 - c) the exact date(s), location(s) and time(s) of service;
 - d) the type of respite service provided and its service code;
 - e) authorization number;
 - f) length of face-to-face contact, excluding travel time to or from the location of the contact with the youth receiving services;
 - g) number of units being claimed;
 - h) start and end dates of service;
 - i) total charge; and
 - j) comments (optional)

19. Discharge families from respite when appropriate, in accordance with CSOC rules.

E. Quality Assurance:

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

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

Providers shall meet all management information systems specifications as provided by CSOC and its designated agent.

F. Process for Providing Services:

Completing a FSS Application

This section of the RFQ is provided to help applicants understand the current process of completing a FSS application. Qualified providers do not complete the application. It is the family's responsibility to do so. Qualified providers are required to manage their admissions/discharges as detailed further below under "Selecting of Youth from the Provider Queue".

A family, as defined in this RFQ with youth who are determined eligible for CSOC I/DD services will request respite services by completing a FSS application. The family can apply for FSS 24 hours a day; 7 days a week by calling the toll free, phone number for the CSA. The CSA will register and assist family in completing the FSS application.

1. The application is valid for one (1) year, except as noted in in b below, and linkage to service is based on the family's relative need and availability of resources.
2. All sections of the FSS application must be completed in entirety.

- a) If a youth is turning 21 years old within the next ninety (90) calendar days of seeking services and is not currently receiving any FSS, a new FSS application will not be completed. The family will be referred to the NJ DHS Division of Developmental Disabilities (DDD).
 - b) If a youth currently receiving a FSS is turning 21 years old within ninety (90) calendar days of submitting a renewal application, a new FSS application will be completed with a service request to the same program with the same provider who can provide service up until the day before the youth's 21st birthday.
3. A family may receive one (1) respite service at a time, with the exception of OVR and Agency Weekend Add-On Recreation that may be added to SHR, AHR, and AAS. Agency Weekend Add-On Recreation is not part of this RFQ and providers are not eligible to include this service as a component to be provided.

Sending the Completed FSS Application to the FSS Link

Once the FSS application has been completed and all service requests have been entered, the application will be sent to the FSS Link and the youth will be assigned to the Provider Queues on the FSS Link to all the matched providers. The FSS Link is an area of the electronic record that is used by FSS providers to admit youth, manage referrals, and complete discharges for the FSS services the program provides.

Selecting of Youth from the Provider Queue

The Provider Queue houses a list of referrals for the program's services in the Assign status. Assign status indicates that the information provided on the FSS application matches the program specifications listed on the Provider Information File (PIF). Youth may be assigned to multiple FSS programs at the same time.

Providers will need to change the assigned status to Review, Schedule, Admit or Not Accept for all youth in their Provider Queue in consecutive descending order.

1. **Review:** This status is used while the provider is reviewing the referral and prior to initially contacting the family. It pulls the referral off other Provider Queues and prevents multiple providers from contacting the family at the same time. If the status is not changed to Schedule, Admit, or Not Accept within three (3) business days the system will automatically place the status back to Assign and the referral into the queues of all matched providers.
2. **Schedule:** This status is used during the intake process and should only be selected once an admission date has been scheduled. If the status is not changed to Admit or Not Accept within thirty (30) calendar days, the system will

automatically place the status back to Assign and the referral into the queues of all matched providers.

3. **Admit:** This status is used when a provider is ready to begin service. It admits the youth to the program, opens a ninety (90) day authorization (with the allowable number of units and admission date as the start date), and places the youth on the provider’s Census. Once admitted, providers are expected to use the electronic record/FSS Link to:
 - a) monitor unit usage;
 - b) request reauthorization of service within thirty (30) days after the end of each ninety (90) day authorization to avoid a disruption in service;
 - c) confirm youth’s FSS application and authorization are active
 - d) discharge youth no longer being served within ten (10) days of exit.

4. **Not Accept:** This status is used when a youth is deemed not appropriate for the program or vice versa. Documentation as to why the youth was not accepted is required. The youth is permanently removed from that Provider Queue and the system automatically places the status back to Assign and the referral into the queues of other matched providers.

The above is a brief description of the FSS process. Providers qualified under this RFQ will be provided additional information and technical support. Applicants may access information through the PerformCare website located under: FSS Provider Quick Reference Guide at: <https://www.performcarenj.org/provider/training.aspx>

G. Funding:

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

Program	Symbol	Unit	Rate
Self-Hired Respite	SHR	240 units (60 hours) per 90 days	\$6.89 per unit (\$27.56 per hour)
Agency Hired Respite	AHR	240 units (60 hours) per 90 days	\$10.43 per unit (\$41.72 per hour)
Agency After School Care	AAS	960 units (240 hours) per 90 days	\$7.22 per unit (\$28.88 per hour)

Agency Weekend Recreation	AWR	300 units (75 hours) per 90 days	\$6.91 per unit (\$27.64 per hour)
Overnight Respite	OVR	1 night (maximum 14 overnights in a rolling 351-day period)	\$155 per night

Respite services are reimbursed on a fee-for-service basis. Units of service are defined, unless otherwise indicated, as fifteen (15) minutes of direct contact service provided to, or on behalf of the youth. Providers agree to accept the reimbursement fees listed above for respite services. Providers cannot bill for services already funded through CSOC. Qualified applicants will bill using the Health Insurance Claim Form, CMS 1500, and submit claims through the Division of Medical Assistance and Health Services (DMAHS)'s fiscal agent, Gainwell. Information and technical assistance will be provided to applicants qualified under the RFQ.

CSOC will send a Medicaid Provider Application to qualifying providers. Applications must be completed/submitted directly to CSOC. Authorization for services cannot be granted until a Medicaid provider number is issued.

Agencies should submit their claims within thirty (30) days of the date of service delivery.

If services have not been provided within thirty (30) days of admission, the provider must inform the CSA of the reason for the delay.

Upon request by DCF, and to provide the State with the ability to determine the applicant's financial capacity and capabilities to undertake and successfully meet its obligations upon referral, applicants 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 applicant's most recent fiscal year. If certified financial statements are not available, the applicant 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 applicant as of, and for the time periods presented in the statements.

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.

Operational start-up costs are not permitted.

Any expenses incurred prior to the effective date of the award will not be reimbursed by DCF.

Section II –Response Instructions:

A. Response Submission Instructions:

All responses must be delivered ONLINE on the due date by 12:00 P.M. Responses 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

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.

B. RFQ Administration:

1. Screening for Eligibility, Conformity, and Completeness

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

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

- a) The application was received prior to the stated deadline;
- b) The application is signed and authorized by the applicant's Chief Executive Officer or equivalent;
- c) The application is complete in its entirety, including all required attachments and appendices;

Upon completion of the initial screening, responses meeting the requirements of the RFQ 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 response if such absence affects the ability of the committee to fairly judge the application.

2. Qualification Review Process

Applicants whose qualifications are approved will be eligible to provide services. Applicants shall provide information that demonstrates their ability to meet the specified requirements listed in this RFQ.

DCF also reserves the right to reject any and all responses when circumstances indicate that it is in its best interest to do so. DCF'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 DCF, 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 DCF's intent to award a contract.

3. Special Requirements

The successful Applicant 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.

All applicants must also comply with the following:

- a) DCF endorsed Prevent Child Abuse of New Jersey's (PCANJ) Sexual Abuse Safe-Child Standards (the "Standards"): The "Standards" are a preventative tool for implementing policies and procedures for

organizations working with youth and children and through their implementation, an organization can minimize the risks of the occurrence of child sexual abuse. The “Standards” are available at: <http://www.state.nj.us/dcf/SafeChildStandards.pdf>. As part of Exhibit A, provide a brief (2 pgs. max. double spaced) description demonstrating ways in which your agency will implement the “Standards”.

- b) Submission of all documents listed in this RFQ under “**Required Documentation**”.
- c) Submission of all documents listed in **Exhibit A**

4. Electronic Record Operating Requirements

All applicants are additionally advised that the current minimum operating requirements for the CSA Electronic Record system are as follows:

- a) Operating System – Microsoft Windows (Windows Vista, Windows 7, Windows 8.1, or Windows 10)
- b) Related Software – Microsoft Silverlight 5
- c) Browsers –Microsoft Edge, Firefox Version 44 (not compatible with Linux systems, Google Chrome, or Netscape)
- d) Memory – 2GB RAM minimum; 4GB RAM highly recommended
- e) Monitor – Screen resolution of at least 1024 x 768

C. Appeals:

An appeal of the qualification 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 the applicant’s qualifications. Applicants may file a written appeal no later than ten (10) business days following receipt of the date on the Notice of Regret letter by emailing it to DCF.AHUAppeals@dcf.nj.gov 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

D. Post Qualification Requirements:

Qualified applicants will be required to comply with the following:

1. The terms and conditions of the DCF 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.
2. All applicable State and Federal laws and statutes, assurances, certifications and regulations.
3. Must be approved NJ FamilyCare (Medicaid) providers or entities willing to become NJ FamilyCare providers. Note: CSOC will send a Medicaid Provider Application to qualifying providers. Applications must be completed/submitted directly to CSOC and approved prior to receiving an authorization for services.
4. Qualified applicants will also be required to submit one (1) copy of all documents listed in **Exhibit B** before their contract with DCF is finalized and authorizations to provide services are issued.

Section III – Required Qualifications and Documentation

A. Required Qualifications:

1. Applicants must be for profit or not for profit corporations 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 or any other New Jersey State agency or authority, the Applicant may not submit a proposal for this RFQ. Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action plan have been eliminated to the satisfaction of DCF for a period of 6 months.
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 achieve full operational census within 60 (sixty) days of qualification.
 10. Applicants 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 Applicant by the Children's System of Care.
 11. Applicants must ensure that all employees and agency reimbursed SHR workers complete a Tuberculin Skin Test (TB). Employees of the Agency and SHR workers rendering respite services are required to pass a Tuberculin Skin Test. *Do not send protected health information; Applicants shall **record and maintain** records of employees and SHR workers on file in the Applicant office available for review and audit upon reasonable notice.*
 12. In addition, provider agencies must comply with N.J.S.A. 30:6D-73 et seq. Central Registry of Offenders Against Individuals with Developmental Disabilities. Agencies must ensure that the names of all agency employees, volunteers, consultants, and respite services providers that provide services to youth with I/DD will 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.
- Note:** If you are not registered to access the Central Registry, DCF will facilitate the qualified applicant's registration into this system.
13. Applicants must comply with Danielle's Law:
<https://nj.gov/humanservices/ddd/providers/providerinformation/danielle/>

14. All applicants must have a Unique Entity ID (UEI). To access their UEI number, applicants must visit <https://sam.gov/content/home>.
15. 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 an application.

B. Required Documentation:

Please attach and label each document separately; items should not be submitted as one continuous document/attachment.

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

Documents Required with all Applications Submitted in Response to this RFQ
Attachment C - Agency Data Information Form
Attachment D - Program Component Form
Attachment E - Signature Certificate of Acceptance
Three (3) written professional letters of support 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.
Exhibit A – CSOC Pre-Award/Qualification Documents.
Exhibit B – CSOC Post-Award/Qualification Documents

ATTACHMENT A

Respite Service Plans

Respite services as part of a service plan can achieve several goals:

1. Avoid “burnout”
2. Reduce stress
3. Prevent family disruption
4. Enhance relationships

Reasons for respite depend upon the unique needs of the family (primary caregiver) and will vary, for example:

1. Primary Caregiver needs one on one time with other child
2. Primary Caregiver would like time to relax at home
3. Primary Caregiver would like to join support group
4. Primary Caregiver would like to spend time alone with partner/spouse

Sample Respite Service Plans:

1.

Reason for Respite	How Often	Length of Time	Total Time	Type of Respite	Goal(s)
Primary Caregiver needs one on one time with other child	Twice a month	10 hours	20 hours/month	SHR	Enhance parent/child relationship, Prevent Family Disruption

2.

Reason for Respite	How Often	Length of Time	Total Time	Type of Respite	Goal(s)
Primary Caregiver would like time to relax at home	Two days per week	2 hours	16 hours/month	AHR	Reduce stress, Avoid “burnout”

ATTACHMENT C

NJ Department of Children and Families, Children’s System of Care (CSOC)

Respite: Family Support Services (FSS)

AGENCY DATA INFORMATION FORM

PLEASE TYPE OR PRINT LEGIBLY

Date Submitted: _____

u AGENCY/CORPORATE DATA

Agency Name: _____

Mailing Address: _____

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

Agency ID Numbers:

• FEIN (9-digit): _____ Select One → Corporation LLC

• UEI [SAM] (12-digit): _____ Other: _____

• NJSTART (9-digit): _____

u PROPOSED PROGRAMS Check all applicable programs. Enter the total number of sites under each program selected.

AAS	AHR	AWR	SHR	OVR
				#
				Sites:
# Sites: _____	# Sites: _____	# Sites: _____	# Sites: _____	_____

u AGENCY CONTACTS

CEO -or- EXECUTIVE DIRECTOR: Name _____
Phone _____
Email: _____
Addre _____

PROGRAM: Name _____
Handles all questions Phone _____
pertaining to the Email: _____
contract and funded Addre _____
programs. _____

FISCAL: Name _____
Handles all questions Phone _____
pertaining to ROE, Email: _____
audit Addre _____
and closeout reports. _____

CENSUS/BILLING:
Handles all questions
pertaining to claims
and census data.
Uses Cyber when
.. . .

Name _____
Phone _____
Email: _____
Addre _____

CYBER
ADMINISTRATOR:
Creates, edits,
reactivates,
deactivates, resets

Name: _____
Phone _____
Email: _____
Addre _____

ATTACHMENT D

NJ Department of Children and Families, Children’s System of Care (CSOC)

Respite: Family Support Services (FSS)

PROGRAM COMPONENT FORM

PLEASE TYPE OR PRINT LEGIBLY

Date Submitted: _____

Agency Name: _____

Respite Type – Check (1) only. Use a separate form for each respite type and site.	Site Name - Enter (1) only. Must correspond with # on Agency Data Sheet. If you have more than one site, use a different name and separate form for each.	Maximum Frequency	\$ Rates Per		
			15 Min	Hour	Overnight
AAS: Agency After School		960 units - 240 hrs. per 90 days	7.22	28.88	-
AHR: Agency Hired		240 units - 60 hrs. per 90 days	10.43	41.72	-
AWR: Agency Weekend		300 units - 75 hrs. per 90 days	6.91	27.64	-
SHR: Self-Hired		240 units - 60 hrs. per 90 days	6.89*	27.56*	-
OVR: Overnight		14 overnights per rolling 365-day	-	-	\$ 155

*Note: NJ State minimum wage must be paid for family respite worker

Program/Site Address: _____

Program Lead: Name _____ Title _____

Approx. # of Youth to Serve: _____ (# required) Ratio: _____ Staffing _____ Ages Served: _____
 Program Timeframe: Start Date: _____ End Date: _____ Weeks: _____ Total # _____
 [52 If year-round. Adjust as needed]

Days/Hours: Include AM/PM & make sure hours correlate with program

Counties: Check only counties in the program’s service area

- | | | | |
|-------------|----|------------|------------|
| § Sunday | to | Atlantic | Gloucester |
| § Monday | to | Bergen | Hudson |
| § Tuesday | to | Burlington | Hunterdon |
| § Wednesday | to | Camden | Mercer |
| § Thursday | to | Cape May | Middlesex |
| § Friday | to | Cumberland | Monmouth |
| § Saturday | to | Essex | Morris |

Held in Public School: Yes No School Name: _____
 School: _____

Transportation Provided: Yes No Type: _____

Note: Youth transportation is allowed; however, additional funds will not be provided

Bilingual Services Offered: Yes No

Languages: _____

Agency must complete for each AAS and OVR program:	Date Issued or Expires	If unavailable enter reason. *NJ Public School sites are exempt
H or F Health or Fire Certificate *	<u>Enter Date</u>	
CO Certificate of Occupancy *	<u>Enter Date</u>	
LMD Lease, Mortgage or Deed *	<u>Enter Date</u>	
OOL Office of Licensing Certificate (OVR only)	<u>Enter Date</u>	

ATTACHMENT E

NJ Department of Children and Families, Children’s System of Care (CSOC)

Respite: Family Support Services (FSS)

Signature Certification of Acceptance

Providers are required to confirm their compliance with all of the qualification requirements. This completed document is attestation 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.

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 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 throughout this RFQ for Respite 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 throughout the 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.

CEO OR EQUIVALENT NAME (Please Print)	SIGNATURE	DATE
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EXHIBIT A

NJ Department of Children and Families, Children's System of Care (CSOC)

Respite: Family Support Services (FSS)

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/
- 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 \(nj.gov\)](https://www.nj.gov/dcf/providers/notices/Attestation.Form.To.Be.Completed.by.Providers.Covered.by.Public.Law.2021c.1.-6.7.21.pdf)
- 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
- 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 application **shall result in rejection of the proposal**.
- 16) **Disclosure of Prohibited Activities in Russia and Belarus**
Form: <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.

EXHIBIT B

NJ Department of Children and Families, Children's System of Care (CSOC)

Respite: Family Support Services (FSS)

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 and copy your contract administrator

Policy: 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 and copy your contract administrator

Policy: 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
- 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

- 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 s 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 NJ form and need only list federal/state funds received via contracts with the State of NJ.

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

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

