



**REQUEST FOR QUALIFICATIONS
FOR
INTENSIVE IN HOME INDIVIDUALIZED BEHAVIORAL INTERVENTION
SUPPORTS AND SERVICES FOR YOUTH WITH INTELLECTUAL
AND/OR DEVELOPMENTAL DISABILITIES**

Publication Date: October 16, 2024

Response Deadline: December 11, 2024, by 12:00 P.M.

There will be a non-mandatory virtual conference on

October 29, 2024, at 1:00 P.M.

The link for the conference is:

<https://www.zoomgov.com/j/1603050167>

**Christine Norbut Beyer, MSW
Commissioner**

The Department of Children and Families (DCF) is the agency dedicated to ensuring all New Jersey residents are safe, healthy, and connected. To that end, DCF announces to potential respondents its intention to award a new contract.

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Section I - General Information

A. Summary Program Description:

The Department of Children and Families (DCF), Children’s System of Care (CSOC) announces its intent to award contracts for Intensive In Home Supports-Behavioral Services (IIH-Behavioral) for eligible children, youth, adolescents, or young adults under the age of 21 with an intellectual/developmental disability (I/DD) eligibility in accordance with state and federal law; and children, youth, adolescents, or young adults under the age of 21 demonstrating symptoms consistent with autism (hereinafter youth).

Respondents who become qualified through this RFQ process may partner with CSOC to provide IIH Behavioral services to youth in New Jersey.

DCF is seeking to approve all respondents whose qualifications are aligned with this RFQ to deliver IIH Behavioral services. Respondents who can demonstrate the capacity to provide services to non-English speaking and non-verbal individuals are encouraged to apply.

For the purposes of this RFQ, IIH Behavioral services are inclusive of the development and implementation of an integrated approach to care, which must include the administration of Functional Behavioral Assessments (FBAs); the creation of individualized Behavioral Support Plans (BSPs); and the provision of services described below by professionals who meet or exceed the minimum educational and certification requirements set forth in this RFQ. The principles of Applied Behavior Analysis (ABA) must be applied.

On January 13, 2020, Governor Phil Murphy signed the “Applied Behavior Analyst Licensing Act” that requires licensure for behavior analysts in New Jersey. This law established the State Board of Applied Behavior Analyst Examiners that licenses Behavior Analysts, develops regulations for the practice of behavior analysis, and oversees the profession in the State of New Jersey. As part of the regulatory process, the Board drafted regulations that were approved by the Division of Consumer Affairs and finalized on May 6, 2024.

On September 12, 2024, the State Board of Applied Behavior Analyst Examiners (“Board”) opened applications for Licensed Behavior Analysts (LBA) and Licensed Assistant Behavior Analysts (LaBA). Once the Board sets a compliance date, all BCBAs, BCBA-Ds, and BCaBAs will be required to apply and complete the licensing process in order to come into compliance with the Applied Behavior Analyst Licensing Act. It will be the responsibility of the provider to ensure all applicable staff timely complete the licensure process; and only licensed BCBAs, BCBA-Ds, and BCAPAs will be permitted to provide services through the contract.

B. Funding Information:

DCF intends to fund services offered by respondents that meet the qualifications and agree to all the terms and conditions of the consequent DCF contract. The multiyear contract term will begin on its effective date and end June 30, 2028.

The funds available are to be budgeted to cover the expenses incurred during the contract term. DCF will not reimburse expenses incurred prior to the effective date of the contract.

All funding is subject to appropriation. The continuation of funding and contract renewals are contingent upon the availability of funds and resources in future fiscal years.

Respondents are on notice that no annual increases will be considered as part of this contract unless approved by the State for all similar contracts. Funds awarded under this program may not be used to supplant or duplicate existing funding. Qualified respondents cannot bill for services already funded through DCF CSOC.

Matching funds are not required.

Qualified respondents of IIH-Behavioral Services will be reimbursed according to the maximum rates in the below rate table:

Discipline	Rate	Unit
Board Certified Behavior Analyst – D (BCBA-D), Doctoral Level	\$49.78	per 15 Minutes
Board Certified Behavior Analyst (BCBA), Master's Level	\$30.59	per 15 Minutes
Board Certified Assistant Behavior Analyst (BCaBA), Bachelor's / Master's Level	\$29.18	per 15 Minutes
Behavioral Technicians (BT), Bachelor's Level with one year of relevant experience	\$16.86	per 15 Minutes
Behavioral Technicians (BT), HS Diploma or GED with three years of relevant experience	\$13.74	per 15 Minutes

Services will be reimbursed on a fee-for-service basis. Units of service are defined as fifteen (15) minutes of direct contact service provided to, or on behalf of, the youth. Qualified respondents shall agree to accept the reimbursement fees listed above. No additional funds shall be provided for start-up or any other purpose.

Qualified respondents must enroll as a NJ FamilyCare/Medicaid provider. Note: CSOC will send a NJ FamilyCare/Medicaid Provider Application to qualified respondents. Applications must be completed and submitted directly to CSOC. Authorization for IIH-B services cannot be granted until an IIH-B services NJ Medicaid provider number is issued, and an IIH-B services contract is awarded and executed.

Qualified respondents will receive billing instructions with their notice of qualification. Once a qualified respondent is issued its NJ Medicaid provider number and begins delivering authorized services, the qualified provider must submit claims within thirty (30) days of the date of service delivery. Additionally., it is imperative that families receive services in a timely manner. If services have not been initiated within thirty (30) days of authorization, the Contracted System Administrator (CSA) must be notified of the reason for the delay.

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

C. Pre-Response Submission Information:

There will be a Non- Mandatory Virtual Conference for all respondents held on October 29, 2024, at 1:00 P.M.

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1603050167>

Meeting ID: 160 305 0167

One tap mobile

+16692545252,,1603050167# US (San Jose)

+16469641167,,1603050167# US (US Spanish Line)

Dial by your location

• +1 669 254 5252 US (San Jose)

• +1 646 964 1167 US (US Spanish Line)

• +1 646 828 7666 US (New York)

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- 1603050167@sip.zoomgov.com

Join by H.323

- 161.199.138.10 (US West)
- 161.199.136.10 (US East)

Meeting ID: 160 305 0167

Respondents may not contact DCF in person or by telephone concerning this RFQ. Questions may be sent in advance of the response deadline via email to DCF.ASKRFP@dcf.nj.gov.

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 November 8, 2024**. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFQ and each question should 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/>

D. Response Submission Instructions:

All responses must be delivered ONLINE by 12:00 P.M. on December 11, 2024. Responses received after this deadline will not be considered.

To submit online, respondent must first complete an Authorized Organization Representative (AOR) form found at [AOR.pdf \(nj.gov\)](#). 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.

Upon receipt of the completed AOR, DCF will grant the respondent permission to proceed and provide instructions for the submission of the response(s) electronically.

Completed AOR forms should be received in the DCF.ASKRFP mailbox not less than five (5) business days prior to the date the response is due. DCF recommends emailing your AOR forms as soon as you know you will be filing a response to allow time to report to DCF any technical difficulties you may encounter and to timely resolve them.

E. Required PDF Content of the Response:

Submit in response to this RFQ three (3) separate PDF documents labeled as follows:

PDF 1: *Section II - Required Performance and Staffing Deliverables* ending with a Signed Statement of Acceptance

PDF 2: *Section III - Documents Requested to be Submitted with This Response, Subsection A.* (Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with the Response)

PDF 3: *Section III – Documents Requested to Submitted with This Response, Subsection B.* (Additional Documents Requested to be Submitted in Support of This Response)

F. Respondent Eligibility Requirements:

Respondents that have State or Federal grants or contracts must be compliant with all their terms and conditions and in good standing as grantees and contractors.

Respondents must not be suspended, terminated, or barred for deficiencies in the performance of any grant or contract award, and if applicable, all past issues must be resolved as demonstrated by written documentation.

DCF may disqualify and decline to forward for the review of the Evaluation Committee a response from those under a corrective action plan in process with DCF or any other New Jersey State agency or authority.

Respondents must be fiscally viable and be able to comply with the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (CPIM) found at: [DCF | Contracting Policy Manuals \(nj.gov\)](http://www.dcf.nj.gov/contracting-policy-manuals).

Where required, all respondents must hold current State licenses.

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 directors for corporations, or the managing partners

of a Limited Liability Corporation (LLC)/Partnership, or the members of the responsible governing body of a county or municipality.

Respondents must have the capability to uphold all administrative and operating standards as outlined in this RFQ.

Respondents must be business entities that are duly registered to conduct business within the State of New Jersey, for profit or non-profit corporations, partnerships, limited liability companies, etc. or institutions of higher education located within the State of New Jersey.

Respondents awarded a contract should ensure their program is operational within sixty (60) days of contract award or the award may be rescinded. Extensions may be available by way of written request to DCF.

Respondents awarded a contract must have the demonstrated ability, experience, and commitment to enroll as a NJ Medicaid provider and subsequently to submit claims for reimbursement through NJ Medicaid and its established fiscal agent, Gainwell Technologies, within prescribed timelines; etc.

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

Section II - Required Performance and Staffing Deliverables

NOTE: After reviewing the required deliverables listed below, respondents must sign the statement at the bottom of this Section II to signify acceptance of all of them.

(SUBMIT A COMPLETE COPY OF THE CONTENT OF SECTION II, ENDING WITH YOUR SIGNED STATEMENT OF ACCEPTANCE, AS A SINGLE PDF DOCUMENT. THIS WILL BE THE FIRST PDF SUBMISSION IN YOUR RESPONSE PACKET AND IS TO BE LABELED AS: *PDF 1: SECTION II - REQUIRED PERFORMANCE AND STAFFING DELIVERABLES.*)

- A. Subject Matter - The below describes the needs the awarded respondent must address in this program, the goals it must meet, and its prevention focus.**

1) **The need for this program as indicated by data regarding the health and human services issues and parent and community perceptions is:**

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 DCF, CSOC serves youth with emotional and/or behavioral healthcare challenges, I/DD, and/or in need of addiction services.

CSOC is committed to providing 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 to create successful life experiences for their youth. In-home support meets a core service need for New Jersey's children and families. IIH Behavioral services are an intensive, community-based, family-centered service delivered face-to-face as a defined set of interventions by a clinically licensed or certified practitioner within the context of an approved IIH Behavior Support Plan (BSP).

Applied Behavior Analysis (ABA) is a required component of CSOC IIH Behavioral services. Behavioral Analysis is a scientifically validated approach to understanding behavior and the environmental effects on it. In this context, "behavior" refers to actions and skills, whereas "environment" includes any influence, physical or social, that might change or be changed by one's behavior. Behavioral Analysis focuses on the principles of learning theory and techniques for increasing useful behaviors and decreasing those behaviors that may cause harm or interfere with learning.

ABA is the application of the principles of learning and motivation from Behavioral Analysis and the procedures and technology derived from these principles to improve socially significant behaviors to a meaningful degree, and to demonstrate that the interventions employed are responsible for the improvement in behavior. ABA is a process of studying and modifying behavior. It has been rigorously tested and demonstrated as effective for many individuals with Autism and other developmental disorders. Bona fide ABA programming often combines multiple research-validated methods into a comprehensive and highly individualized plan. For each individual, the skills to be increased and maladaptive behaviors to be decreased are clearly defined in observable terms and measured repeatedly through direct observation, allowing for a system of accountability. An initial assessment is conducted to determine skills the individual does and does not have. Selection of treatment goals is guided by data from that

initial assessment. The overall goal is to help each individual develop skills that will enable them to be as independent and successful as possible.

2) **The goals to be met by this program are:**

The purpose of IIH Behavioral services is to improve or stabilize the youth's level of functioning within the home and community to prevent, decrease or eliminate behaviors or conditions that may lead to or that may place the youth at increased clinical risk, or that may impact the ability of the youth to function in their home, school, or community. IIH Behavioral services are time-limited and based on clinical necessity. The goal is the transfer of skills to the youth and family, diminishing the intensity of treatment over time and to link and transition the youth and their family to community-based services and supports.

3) **The prevention focus of this program:**

Developmental Disability, Emotional Abuse/Neglect, Family Separation, Institutionalization, Isolation.

B. Target Population - The below describes the characteristics and demographics the awarded respondent must ensure the program serves.

1) **Age:**

0 through 20. Eligibility for services is in place up to and including the day prior to the youth's 21st birthday.

2) **Grade:** N/A

3) **Gender:** Female, Male, Trans, Non-binary, All

4) **Marital Status:** N/A

5) **Parenting Status:** N/A

6) **Will the program initiative serve the children of the primary service recipient?**

N/A

7) **DCF CP&P Status:** N/A

8) **Descriptors of the primary service recipient**

Open with a CSOC Care Management Organization (CMO).

Intellectually/ Developmentally Disabled; IQ 50-69; IQ below 49

- a) The youth demonstrates symptoms consistent with autism spectrum disorder and/or an Intellectual/Developmental Disability.
 - b) Based upon the clinical information provided, there is evidence that the youth's functioning can be improved with the provision of CSOC I/H Behavioral Services.
 - c) Youth is experiencing behavioral symptoms in the home, school and/or community, which places him or her at risk of out of home treatment; psychiatric hospitalization; injury to self or others.
 - d) The youth requires assistance in developing adaptive functioning skills across multiple life domains.
 - e) Parent/guardian/caregiver must consent to treatment.
 - f) Youth must be a resident of New Jersey. For minors who are under 18 years of age, the legal residency of the parent or legal guardian shall determine the residence of the minor.
 - g) The youth has been determined to be eligible for Developmental Disability Services.
 - h) The youth is enrolled in a CSOC Care Management Organization.
- 9) **Descriptors of the Family Members/Care Givers/Custodians required to be served by this program initiative:** N/A
- 10) **Other populations/descriptors targeted and served by this program initiative:** N/A
- 11) **Does the program have income eligibility requirements?** No

C. Activities - The below describes the activities this program initiative requires of awarded respondents, inclusive of how the target population will be identified and served, the direct services and service modalities that will be provided to the target population, and the professional development and training that will be required of, and provided to, the staff delivering those services.

- 1) **The level of service increments for this program initiative:**
Individual units
- 2) **The frequency of these increments to be tracked:**
Each unit is equal to a 15-minute increment.
- 3) **Estimated Unduplicated Clients:** N/A
- 4) **Estimated Unduplicated Families:** N/A
- 5) **Is there a required referral process?** Yes

6) **The referral process for enabling the target population to obtain the services of this program initiative:**

Referrals are received only from CSOC Care Management Organizations (CMO). The CMO, in conjunction with the Child Family Team, will identify the need for Intensive In Home Supports-Behavioral Services (IIH-Behavioral) and then contact qualified IIH providers in their county to determine service availability. Once availability is confirmed with an agency, CMO staff will request authorization for IIH-Behavioral by creating an IIH service request on an Individualized Service Plan (ISP) or Individualized Crisis Plan (ICP), which is then submitted to the CSA via a management information system (MIS). The CSA reviews all requests for IIH-Behavioral when reviewing ISP and ICP documents and will make a determination whether or not to authorize the service.

The CSA will follow business rules for review of ISPs and ICPs and service authorization processes, including review for intensity of service need and ongoing progress documentation. If the request is authorized, the qualified IIH provider will be granted access to the youth's MIS record and service can be initiated.

All services and activities are prior authorized by CSOC's Contract System Administrator (CSA), PerformCare.

Respondents may access information about the referral and intake process through the PerformCare website located under the IIH/ISS Welcome Page of the Provider Quick Reference Guide at: <https://www.performcarenj.org/provider/training.aspx>.

Qualified respondents will receive additional information and technical support to assist them in their implementation of this process for providing services.

Qualified respondents shall conform with and provide services under all protocols, including documentation and timeframes, established by DCF CSOC, and managed by the CSA.

7) **The rejection and termination parameters required for this program initiative:**

Any of the following is sufficient for exclusion from IIH Behavioral Services consideration:

- a) The CSOC Assessment and/or additional clinical information indicate that the youth does not require the IIH Behavioral services,

as they require either a less intensive therapeutic treatment, or a more intensive therapeutic treatment.

- b) The youth has been determined ineligible for DD and/or DDD services.
- c) The youth is not receiving CMO services.
- d) The youth and/or the parent/guardian/ caregiver do not voluntarily consent to treatment.
- e) The emotional and/or behavioral symptoms are the primary result of a medical condition, which requires medical treatment.
- f) The youth appears to exhibit acute intoxication or withdrawal symptoms related to current, active alcohol and or substance use, and urgent medical treatment and intervention is indicated.
- g) Youth is not a resident of New Jersey. For minors who are under 18 years of age, the legal residency of the parent or legal guardian shall determine the residence of the minor.
- h) Youth is able to access ABA services through their Medicaid Managed Care Organization (MCO).

8) **The direct services and activities required for this program initiative:**

All interventions must be directly related to the goals and objectives established by the Child Family Team (CFT) process in coordination with the multidisciplinary treatment and care plan. Qualified respondents shall integrate the CFT into the treatment process as full and equal participants and collaborate with Care Management Organizations (CMOs) and DCP&P, as indicated. Qualified respondents must integrate resources for planned, purposeful, and therapeutic activities that encourage developmentally appropriate autonomy within the program setting and the community with the clear vision that this leads to transformation and a smooth transition.

Intervention includes the development and implementation of an integrated approach to care, which can consist of but is not limited to:

- a) 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.
- b) Ensure that all ABA and related assessment and intervention services are delivered in accordance with BACB standards as outlined in the Professional and Ethical Compliance Code for Behavior Analysts.

Direct services included in IIH-B include the following and are listed in sequential order:

- a) Upon service authorization by the CSA, qualified respondents must **complete a Functional Behavior Assessment (FBA)** to understand the communicative functions of the maladaptive behavior. Only a licensed BCBA-D, BCBA or BCaBA (under the supervision of a BCBA) shall complete the FBA.

The goal of the FBA is to understand what purpose the maladaptive behavior serves. This is a critical step because one behavior can serve a variety of functions. The FBA includes observation and documentation of setting events, antecedents, consequences, and any other factors that may influence the behavior.

The primary outcome of an FBA is:

- i. Creating a clear description of the maladaptive behaviors;
- ii. Identifying times, contexts, and situations that predict when a maladaptive behavior will or will not occur;
- iii. Identifying what is gained or avoided when maladaptive behaviors occur;
- iv. Developing functional hypotheses for maladaptive behavior; and
- v. Creating a multi-element behavior intervention plan based upon the results of the FBA.

- b) **Develop a Behavioral Support Plan (BSP)** supported by the FBA. A BSP must foster independence, integration, individualization, self-determination, and productivity within the community for each youth while honoring the individual's cultural background. Only a BCBA-D, BCBA or BCaBA (under the supervision of a BCBA) shall develop the BSP and any updates to the plan. The FBA is used as a basis for developing a Behavior Support Plan (BSP) that encompasses a variety of behavioral intervention supports and services. The youth's treatment is based on targeted needs as identified in the BSP. The behavioral intervention services' plan must include a comprehensive integrated program of services to support improved behavioral, social, educational and vocational functioning. Services must develop or build on skills that would enhance self-fulfillment, education, and potential employability.

A comprehensive individualized BSP shall encompass the following:

- i. Design and implement individualized programs to build skills and promote independent functioning in each of the following areas: "learning to learn" (e.g., observing, listening, following instructions, imitating); communication (vocal and non-vocal); social interaction; self-care; school readiness; academics;

safety; motor; play and leisure; community living; self-monitoring; and pre-vocational and vocational skills.

- ii. Employ an array of scientifically validated behavior analytic teaching procedures, including (but not limited to) discrete trial instruction, modeling, incidental teaching and other "naturalistic" teaching methods, activity-embedded instruction, task analysis, and chaining.
- iii. Incorporate the following techniques into skill-building programs: prompting; errorless teaching and error correction; maximizing learning opportunities; effective reinforcement and motivation techniques; techniques for establishing stimulus control (including discrimination training); preference assessments; and choice procedures.
- iv. Employ a wide array of strategies to program for and assess both skill acquisition and skill generalization over time and across people, settings, situations, and materials.
- v. Modify instructional programs based on frequent, systematic evaluation of direct observational data.
- vi. Design and implement programs to reduce stereotypic, disruptive, and destructive behavior based on systematic analysis of the variables (antecedents and consequences) that occasion and maintain the behavior and matching treatment to the determined function(s) of the behavior.
- vii. Incorporate extinction and the full array of differential reinforcement procedures into behavior reduction programs based on the best available research evidence.
- viii. Modify behavior reduction programs based on frequent, systematic evaluation of direct observational data. (Consumer Guidelines for Identifying, Selecting, and Evaluating Behavior Analysts Working with Individuals with Autism Spectrum Disorders, Autism Special Interest Group (SIG) of the Association for Behavior Analysis).

- c) **Implementation of Treatment** for the youth is based on targeted needs as identified in the BSP. ABA interventions specified in the BSP are implemented by Behavioral Technicians (BTs).

Behavioral interventions include, but are not limited to:

- i. Applied Behavior Analysis - Based upon the impressions and recommendations of a Functional Behavior Assessment (FBA) and other related assessments, e.g., preference assessments,

reinforcer assessments, skill assessments, Assessment of Basic Language and Learning skills

- ii. Assessment of level of functioning in the seven major life areas, also known as Activities of Daily Living (ADLs) as measured by the ABAS-3 or other similar accepted structured tool
- iii. Development, implementation and refinement of individualized behavioral support plans which are flexible and based on frequent, systematic evaluation of direct observational data
- iv. Utilizing the FBA and the BSP as integral parts of the treatment planning process
- v. Appropriate augmentative and alternative communication support and functional communication training, e.g. visual schedules, contingency maps, Picture Exchange Communication System (PECS), wait signal training
- vi. Instruction in Activities of Daily Living
- vii. Individual behavioral supports such as Positive Behavior Supports
- viii. Training/coaching for the youth to meet the individual's behavioral needs
- ix. Support and training of parent/legal guardian to successfully implement BSP, use of Assistive Technology, and other support services as needed, gradually diminishing the need for outside intervention
- x. Providing training and supervision to support staff providing in home behavioral services
- xi. Providing recommendations for referrals for medical, dental, neurological, or other identified evaluations
- xii. Providing coordinated support with agency staff and participating as part of the clinical team
- xiii. Collaborating effectively with professionals from other disciplines that are also supporting the youth, including but not limited to: education, clinicians, physicians, etc.

d) **Maintain an individual service record for each youth**, which shall contain, at a minimum, the following information:

- i) documentation that family members have been informed of their rights, consents for assessment and plans, and the agency's policies and obligations;
- ii) contact phone numbers for the IIH Behavioral services staff and any supervisor;
- iii) the reason for initial referral and involvement;
- iv) information on the youth's behavior from the family, youth's interests, and any limitation on activities;

- v) the initial schedule for allocation of IIH Behavioral services hours;
 - vi) for each discrete contact with the youth and family, progress notes that address the defined goals stipulated in the youth's BSP must be completed;
 - vii) dates of service and number of care hours, per level of service, received;
 - viii) 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.
- e) **Maintain data in support of all claims, including:** which shall contain, at a minimum, the following information:
- i) name and address of the youth being provided services;
 - ii) the name and credentials of the person(s) providing the service;
 - iii) the exact date(s), location(s) and time(s) of service;
 - iv) the type of IIH Behavioral services provided and its service code;
 - v) authorization number;
 - vi) length of face-to-face contact, excluding travel time to or from the location of the contact with the youth receiving services;
 - vii) number of units being claimed;
 - viii) start and end dates of service;
 - ix) total charge; and
 - x) comments (optional).
- 9) **The service modalities required for this program initiative are:**
- a) **Evidence Based Practice (EBP) modalities:** Applied Behavior Analysis (ABA); Functional Behavioral Assessment (FBA). Experience with other relevant EBPs is preferred, including DIR Floortime.
 - b) **DCF Program Service Names:** IIH-Behavioral
 - c) **Other/Non-evidence-based practice service modalities:** N/A
- 10) **The type of treatment sessions [OR prevention services] required for this program initiative are:**
 I Assessments, Individual/Group/Family sessions in the family home, resource home, CSOC Out-of-Home placement, or other location deemed clinically appropriate and agreed upon by the family.

- 11) **The frequency of the treatment sessions [OR prevention services] required for this program initiative are:** As needed (per treatment plan).
- 12) **Providers are required to communicate with Parent/Family/Youth Advisory Councils, or to incorporate the participation of the communities the providers serve in some other manner:** No
- 13) **The professional development through staff training, supervision, technical assistance meetings, continuing education, professional board participation, and site visits, required for this program initiative are:**

Staff Screening

Qualified respondents shall ensure that all employees of the agency who provide direct service will have State and Federal background checks with fingerprinting completed and passed at the time of hire and every two (2) years thereafter. The cost of the fingerprinting and criminal history background check to become a qualified provider will be paid for by DCF. Instructions on the fingerprinting process and background checks will be provided to each qualified respondent.

Qualified respondents must ensure that all staff complete a TB Skin Test. Respondents shall record and maintain records of staff on file in the respondent office available for review and audit upon reasonable notice.

Policies and Procedures

Qualified providers are required to familiarize staff with all agency policies and procedures which shall include at a minimum the following:

- a) Crisis Management: Prevention, Recognition and Intervention; such training shall include proper procedures for the use of blocks and releases; and requesting assistance of a crisis center or 911 for situations that become dangerous and beyond the family and provider's ability to address;
- b) Recognition and Reporting of Abuse and Neglect: Child Abuse and Neglect; and Abuse, neglect, or Exploitation of a Vulnerable Adult age eighteen (18) or over;
- c) HIPAA;
- d) Confidentiality and Ethics;
- e) Danielle's Law, in compliance with P.L.2003, c.191 (C.30:6D-5.1-5.6)

Staff Training

Respondents must promote the improvement of the quality of services provided through staff training which shall include but is not limited to:

- a) Positive Behavior Supports;

- b) Developmental Milestones; identifying developmental needs and strengths;
- c) Six Core Approach-the qualified respondent is responsible for participating in trainings and for the implementation of Six Core Strategies to Reduce Seclusion and Restraint, offered through available CSOC training at:
<https://www.nj.gov/dcf/providers/csc/training/>
- d) Nurtured Heart Approach-the qualified respondent is responsible for participating in the trainings and for the implementation of the Nurtured Heart Approach offered through CSOC Training:
<https://www.nj.gov/dcf/providers/csc/training/>
- e) Understanding FBA activities as well as implementing and adapting proactive intervention plans; and
- f) Any CSOC future training(s) as determined necessary.

Note: A significant number of required trainings are offered by the DCF contracted training and technical assistance provider. Qualified providers may access the DCF CSOC training site and staff may attend offered training(s) which are funded by the DCF and are at no cost to the providers.

Staff also may receive training in the other required topics from any other appropriate source. Many agencies have their own curriculums and train staff in-house.

- 14) **The court testimony activities, which may address an individual's compliance with treatment plan(s); attendance at program(s), participation in counseling sessions, required for this program initiative are: N/A**
- 15) **The student educational program planning required to serve youth in this program: N/A**

D. Resources - The below describes the resources required of awarded respondents to ensure the service delivery area, management, and assessment of this program.

- 1) **The program initiative's service site is required to be located in:**
Anywhere in New Jersey
- 2) **The geographic area the program initiative is required to serve is:**
IIH services are offered statewide. Respondents shall specify the counties they will serve in the signature statement of acceptance (see Section II-F below).

- 3) **The program initiative's required service delivery setting is:**
Intensive In-Home Behavioral Services are delivered face to face/in-person in the youth's home (family, resource, OOH, or shelter) and/or in community-based settings, and not in provider offices or office settings. Services shall not be provided via telehealth.
- 4) **The hours, days of week, and months of year this program initiative is required to operate:**

Every effort shall be made to accommodate the needs and schedule of the family.
- 5) **Additional procedures for on call staff to meet the needs of those served twenty-four (24) hours a day, seven (7) days a week?**

No (If there is no on-call protocol, the qualified provider shall ensure that the family is aware of whom to contact in case of an emergency, such as the CMO on-call.
- 6) **Additional flexible hours, inclusive of non-traditional and weekend hours, to meet the needs of those served?**

Hours of operation shall be flexible to accommodate school aged children and working adults. Evening and weekend hours are expected. Every effort shall be made to accommodate the needs and schedule of the family.
- 7) **The language services (if other than English) this program initiative is required to provide:**

Multilingual services are preferred. The program shall have the ability to meet the linguistic and cultural needs of youth and their families. Clinical services for youth with limited English proficiency must be provided in the youth's primary language; qualified providers may retain per diem staff to meet this requirement. The respondent may propose technology solutions to support communication with peers and non-clinical program staff.
- 8) **The transportation this program initiative is required to provide:**
N/A
- 9) **The staffing requirements for this program initiative, including the number of any required FTEs, ratio of staff to clients, shift requirements, supervision requirements, education, content knowledge, staff credentials, and certifications:**

Title	Minimum Requirements	Responsibilities
Behavioral Professionals with documented expertise in the assessment and treatment of challenging behavior	<ul style="list-style-type: none"> • Board Certified Assistant Behavior Analyst (BCaBA)* - Bachelor's degree in behavior analysis, psychology, special education, guidance and counseling, or social work and at least one year (1) of post-graduate experience in developing and implementing behavior support plans for individuals who have intellectual/developmental disabilities. - Must be under the supervision of a BCBA. • Board Certified Behavior Analyst(BCBA)* - Master's degree in behavior analysis, psychology, special education, guidance and counseling, or social work or and at least one year (1) of post-graduate experience in developing and implementing behavior support plans for individuals who have intellectual/developmental disabilities. 	<ul style="list-style-type: none"> • Complete the Functional Behavior Assessment (FBA) using Applied Behavior Analysis (ABA) • Develop the Behavior Support Plan (BSP) • Supervise Behavior Technicians
Behavioral Technicians	<ul style="list-style-type: none"> • Registered Behavior Technician (RBT) by the Behavior Analyst Certification Board (BACB) and at least one year (1) of supervised experience in implementing behavior support plans for individuals who have intellectual/developmental disabilities; <p>OR</p> <ul style="list-style-type: none"> • Bachelor's degree in behavior analysis, psychology, special education, guidance and counseling, or social work and at least one year (1) of supervised experience in implementing behavior support plans for individuals who have intellectual/developmental disabilities; <p>OR</p> <ul style="list-style-type: none"> • High School Diploma or GED and at least three (3) years of supervised experience in implementing behavior support plans for individuals who have intellectual/developmental disabilities. 	<ul style="list-style-type: none"> • Implement interventions defined in the Behavior Support Plan (BSP)

* The State Board of Applied Behavior Analyst Examiners (“Board”) will be setting a date by which all BCBAs, BCBA-Ds, and BCaBAs must be licensed by the Board in order to come into compliance with the Applied Behavior Analyst Licensing Act. It shall be the responsibility of the qualified provider to ensure all applicable staff timely complete the licensure process; and only licensed BCBAs, BCBA-Ds, and BCAPAs will be permitted to provide services through the contract.

10) **The legislation and regulations relevant to this specific program, including any licensing regulations:**

Qualified providers shall:

- a. 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 of Offenders Against Individuals with Developmental Disabilities as required by N.J.S.A. 30:6D-73 et seq. A qualified respondent not registered to access the Central Registry may seek DCF's assistance to facilitate the registration. Additional information can be found at: http://www.state.nj.us/humanservices/staff/opia/central_registry.html

- b. Comply with the requirements to report suspected abuse and neglect against a child under eighteen (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 eighteen (18) years of age or older to Adult Protective Services (APS) as set forth in N.J.S.A. 52:27D-406 to 426.
- c. Comply with *NJ Rev Stat § 9.6-8.10f (2017)* which requires DCF to conduct a check of its child abuse registry for each person who is seeking employment in any facility or program that is licensed, contracted, regulated, or funded by DCF to determine if the person is included on the child abuse registry as a substantiated perpetrator of child abuse or neglect. Contractors are to utilize the Child Abuse Record Information (CARI) Online Application to set-up a facility account by visiting: <https://www.njportal.com/dcf/cari>
- d. Complete a report for every accident, incident, or unusual occurrence involving staff, youth and/or families and send the report to CSOC and the Universal Incident Management Reporting System, Pursuant to Administrative Order 2:05 and related Addenda:
<https://www.nj.gov/humanservices/staff/opia/cimu/>
- e. Comply with Danielle's Law, which requires anyone who works directly with individuals with developmental disabilities or traumatic brain injury to call 911 in life-threatening emergencies. [Division of Developmental Disabilities | Danielle's Law \(nj.gov\)](#)
- f. Protect the confidentiality of youth information as required by the Health Insurance Portability and Accountability Act (HIPAA), the 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) refers to 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.

- g. Maintain status as a Qualified Provider of services by complying with all applicable federal, state, and local laws, rules and regulations regarding licenses, certifications, accreditations and/or other credentialing entities.
- h. Notify CSOC within five (5) business days of occurrence of permanent loss, temporary suspension, or probationary status of all qualifying credentials, i.e., licenses, certifications, accreditations, insurance, and changes in Executive Director, name of agency, address, telephone number or contact person.

11) **The availability for electronic, telephone, or in-person conferencing this program initiative requires:**

The qualified provider shall be available via phone to address urgent policy and procedure issues and/or provide support and must respond to all e-mails and phone calls within one (1) business day.

Participation in periodic CSOC trainings and meetings may be required. Attendance at Child Family Team (CFT) meetings is required when appropriate and reasonable.

12) **The required partnerships/collaborations with stakeholders that will contribute to the success of this initiative:**

Qualified respondents must collaborate effectively with professionals from other disciplines that are also supporting the youth, including but not limited to the Care Management Organization (CMO), the Child and Family Team (CFT) and others such as educators, clinicians, physicians. Partnership with other DCF entities, such as the Division of Child Protection and Permanency, may be required in certain instances.

The qualified provider agrees to not subcontract any of the services described in this RFQ.

13) **The data collection systems this program initiative requires:**
CYBER (CSA MIS), CSOC Provider Portal, Electronic Visit Verification (EVV)

In accordance with the 21st Century Cures Act, New Jersey requires CSOC IIH-B providers to use an Electronic Visit Verification System (EVV). Required data elements that are captured by EVV include:

1. Type of service performed;
2. Individual receiving the service;
3. Date of the service;
4. Location of service delivery;
5. Individual providing the service;
6. Time the service begins and ends.

Qualified providers shall demonstrate progress towards full compliance with training and verified visit submission. Compliance with Electronic Visit Verification (EVV) requirements is mandatory. All information regarding EVV compliance is available on the New Jersey CSOC Information Center at <https://hhaexchange.com/nj-csoc/>.

Qualified providers shall meet all management information systems (MIS) specifications as provided by CSOC and its designated agents.

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

- 14) **The assessment and evaluation tools this program initiative require:** Functional Behavioral Assessment (FBA)

E. Outcomes - The below describes the evaluations, outcomes, information technology, data collection, and reporting required of respondents for this program.

- 1) **The evaluations required for this program initiative: NA**
- 2) **The outcomes required of this program initiative:**

Primary outcomes:

- Transfer of skills to the youth and family
- Diminish the intensity of treatment over time
- Link youth and their family to community-based services and supports.

a) Short Term Outcomes:

- Stabilize/improve level of functioning and decrease of negative or injurious behaviors

b) Mid Term Outcomes:

- Transfer of skills to youth and family
- Link youth and family and transition to community-based services and supports
- Diminish intensity of treatment over time

- Assist youth in acquiring, retaining, & improving self-help, communication & adaptive skills

c) Long Term Outcomes:

- Youth develops adaptive behaviors that enhance their ability to function independently and successfully in their home, school and community
- Families and caregivers feel confident in meeting the needs of the youth and have developed a network of formal and informal supports

3) Required use of databases:

- Qualified providers are required to utilize the CSA Management Information System, CYBER
- Qualified providers are required to utilize the Electronic Visit Verification System
- Qualified providers are required to submit data and information to CSOC as requested and required

The current minimum operating requirements for the CSA Electronic Record system are as follows:

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

4) Reporting requirements:

F: Signature Statement of Acceptance:

By my signature below, I hereby certify that I have read, understand, accept, and will comply with all the terms and conditions of providing services described above as *Required Performance and Staffing Deliverables* and any referenced documents. I understand that the failure to abide by the terms of this statement is a basis for DCF’s termination of my contract to provide these services. I have the necessary authority to execute this agreement between my organization and DCF.

Counties to be served:

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:

Section III - Documents Requested to be Submitted with This Response

In addition to the Signature Statement of Acceptance of the Required Performance and Staffing Deliverables, DCF requests respondents to submit the following documents with each response. Respondents must organize the documents submitted in the same order as presented below under one (1) of the two (2) corresponding title headings: A. *Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with This Response* and B. *Additional Documents Requested to be Submitted in Support of This Response*. **Each of these two (2) sections must be submitted as a separate PDF, which would be the second and third PDF submission in your response packet.**

A. Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with this Response:

THIS WILL BE THE SECOND PDF SUBMISSION IN YOUR RESPONSE PACKET AND IS TO BE LABELED AS: *PDF 2: SECTION III - DOCUMENTS REQUESTED TO BE SUBMITTED WITH THIS RESPONSE, SUBSECTION A. (ORGANIZATIONAL DOCUMENTS PREREQUISITE TO A DCF CONTRACT AWARD REQUESTED TO BE SUBMITTED WITH THIS RESPONSE.)*

- 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) Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of either the Board of Trustees of a nonprofit organization, **Board of Directors** of a corporation, the **Managing Partners** of a Limited Liability Corporation (LLC)/Partnership, or the **members** of the responsible governing body of a county or municipality. This is not applicable for sole proprietors.
- 6) 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>
- 7) **Business Associate Agreement/HIPAA** - Sign and date as the Business Associate.
Form:
<https://www.nj.gov/dcf/providers/contracting/forms/HIPAA%20Business%20Associate%20Agreement%209.6.24.pdf>
- 8) **Your Organization's Conflict of Interest Policy** (not the DCF Conflict of Interest Policy).
- 9) **Corrective action plans or reviews** in process or 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 current position under the corrective action plan and remedial measures implemented.

If not applicable, the respondent should complete, sign, date, and submit the Statement of Non Applicability Regarding Corrective Action. Form: <https://www.nj.gov/dcf/providers/notices/requests/Statement-of-Non-Applicability-Regarding-Corrective-Action.pdf>

Note: DCF may consider all materials in our records concerning audits, reviews, or corrective active plans as part of the review process. DCF may disqualify and decline to forward for the review of the Evaluation Committee responses from those under corrective action plans in process with DCF or any other New Jersey state agency or authority.

10) Certification Regarding Debarment

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

11) Disclosure of Investigations & Other Actions Involving Respondent

Form: <https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf>

12) Disclosure of Investment Activities in Iran

Form: <https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf>

13) Ownership Disclosure Form

* THIS FORM MUST BE SUBMITTED WITH THE RESPONSE. A RESPONSE SHALL BE DEEMED NON-RESPONSIVE UNLESS THIS FORM IS SUBMITTED WITH IT.

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 response.

14) Disclosure of Prohibited Activities in Russia and Belarus

Form: <https://www.state.nj.us/treasury/administration/pdf/DisclosureofProhibitedActivitiesinRussiaBelarus.pdf>

15) 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>

- 16) **System for Award Management (SAM)** - Submit a printout showing the Unique Entity Identification Number, active status, and the expiration date. Available free of charge.

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

Helpline: 1-866-606-8220

- 17) **Certificate of Incorporation**

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

- 18) **Notice of Standard Contract Requirements, Processes, and Policies**

- Sign and date as the provider

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

- 19) **Organizational Chart of Respondent** - 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.

- 20) **Chapter 271/Vendor Certification and Political Contribution Disclosure**

[2006 Federal Accountability & Transparency Act (FFATA)]

Form: <https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf>

- 21) **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 respondent'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" \(state.nj.us\)](#)

- 22) **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

SLD Form:

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

Individual Provider Agreement:

<https://www.nj.gov/dcf/providers/contracting/forms/Individual.Provider.Agreement.pdf>

State Entity Agreement:

<https://www.nj.gov/dcf/providers/contracting/forms/DCF.Departmental.Agreement.with.Another.State.Entity.pdf>

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

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

24) **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 must delete/redact any SSN or personal identifying information

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

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

B. Additional Documents Requested to be Submitted in Support of This Response

(THIS WILL BE THE THIRD PDF SUBMISSION IN YOUR RESPONSE PACKET AND IS TO BE LABELED AS: PDF 3: SECTION III – DOCUMENTS REQUESTED TO BE SUBMITTED WITH THIS RESPONSE, SUBSECTION B. ADDITIONAL DOCUMENTS REQUESTED TO BE SUBMITTED IN SUPPORT OF THIS RESPONSE.)

- 1) An **Implementation Plan** for the program that includes a detailed timeline for implementing the proposed services, or some other detailed weekly description of your action steps in preparing to provide the services and to become fully operational.
- 2) **1 to 3 Letter(s) of Support** from community organizations with which you already partner. Letters from any 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.
 - One professional letter of support shall come from an individual or organization whose mission is serving people with intellectual/developmental disabilities

- A professional letter of support from the CMO of the county you are serving is encouraged.

Section IV - Response Screening and Review Process

A. 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 Statement of Acceptance is signed by the person with the necessary authority to execute the agreement.
- 3) The response is complete in its entirety, including all documents requested to be submitted in support of the response listed in Section III. A. and B. 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, such as the Ownership Disclosure Form, required by the applicable law to be submitted with the response. 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.

Failure to meet the criteria outlined above, constitutes grounds for rejection of the response.

Responses meeting the initial screening requirements of the RFQ will be distributed to the Evaluation Committee for its review and recommendations.

B. Response Review Process

DCF convenes an Evaluation Committee in accordance with existing 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.

DCF reserves the right to reject any response 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, the State's loss of funding, inability of the respondent to provide adequate services, applicant's lack of good standing with a State 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.

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

C. 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 Disqualification or Notice of Regret letter by emailing it to DCF.AHUAppeals@dcf.nj.gov and/or mailing it to:

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

Section V - Post Award Requirements

A. 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, awarded respondents 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 awarded respondent 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.

An awarded respondent shall be required to comply with the terms and conditions of DCFs' 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. Awarded respondents may review these items via the Internet at: www.nj.gov/dcf/providers/contracting/manuals
<https://www.state.nj.us/dcf/providers/contracting/forms/>.

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

B. Organizational Documents Prerequisite to Contract Execution to be Submitted After Notice of Award:

The contract administrator assigned to initiate and administer an awarded respondent's contract will require the awarded respondent to submit the following documents prior to finalizing the contract for funding:

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/DiscriminationAcknowledgmentReceipt.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 NJ State contracts for the current year when the combined dollar amount exceeds \$50,000. The \$50,000 threshold includes fee-for-service reimbursements made via NJ FamilyCare/Medicaid. If not applicable, respondent must submit a signed/dated written statement on agency letterhead stating they will not exceed \$50,000 in combined NJ State 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) **Program Organizational Chart**

Should include agency name & current date

Post-Award Documents Prerequisite to the Execution of This Specific Contract

8) **Agency Data Sheet**

Ensure all fields are completed with accurate info. Sheets with incomplete/inaccurate info will be returned. This includes all agency identifying numbers i.e., FEIN, UEI and NJSTART as well as staff contact info.

Note: For multi-year contracts, the contract number will remain the same each year.

Form: Provided by contract administrator, if applicable.

9) **Certification Regarding Exemptions**

Website: <https://www.nj.gov/dcf/providers/contracting/forms>

10) **Certification Regarding Reporting**

Website: <https://www.nj.gov/dcf/providers/contracting/forms>

11) **Fixed Rate Information Summary**-signed

Form: Provided by contract administrator when applicable.

12) **Medicaid Provider Enrollment Application** (signed/dated) Provided by CSOC for Medicaid paid services.

13) **Professional Licenses and/or Certificates** currently effective related to job responsibilities.

14) **Program Component Form**

Ensure all fields are completed with accurate info. Forms with incomplete/inaccurate information will be returned. This includes staffing levels (enter #), level of service (enter approx. #), ages, hours/days, counties, languages, etc.

FSS Note: Each FSS site and program type (AAS, AHR, AWR, SHR, OVR) must have its own form and identifying name. Days/hours must also correspond to the program type.

C. Reporting Requirements for Awarded Respondents

Awarded respondents are required to produce the following reports in accordance with the criteria set forth below, in addition to the reporting requirements specified above in this RFP/RFQ related to the delivery and success of the program services.

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)

Awarded respondents 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**

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

Awarded respondents 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) **Reports of Expenditures (ROE):**

A. Scheduled Payments Contract Component: A quarterly ROE is to be submitted during the contract year 15 calendar days after the end of each fiscal quarter, and a Final ROE is to be submitted 120 calendar days after the end of the fiscal year. Alternatively, an ROE is to be submitted in accordance with any separate DCF directive to file ROEs at other intervals for specific contracted programs.

The format for the ROE must match that of the Annex B budget form.

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

Note: An ROE must be prepared in accordance with the governing cost principles set forth in the DCF Contract Reimbursement Manual (CRM Section 6). [Microsoft Word - SECTION 6 - Expenditure Reporting.doc \(nj.gov\)](#)

B. Fee for Service Contract Component: Not Required.

5) Level of Service (LOS) Reports

Enter the cited DCF Standard Template Form for each month the number of youth, adults, and families served and ages of those receiving services, and the hours/days, county locations, etc. of those services, or record this data into another form, survey, or database that DCF agrees can serve to track LOS for the contracted program.

Website: <https://www.nj.gov/dcf/providers/contracting/forms/>

6) 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; (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: Awarded respondents 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 the 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; and Report of Charitable Organizations.

Policy:

https://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf

Website:

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

D. Requirements for Awarded Respondents to Store Their Own Organizational Documents on Site to be Submitted to DCF Only Upon Request

- 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) Awarded Respondent's Procurement Policy