



REQUEST FOR QUALIFICATIONS

FOR

**Providers of Summer Camp and Alternative
Recreational Services Programs to offer**

**One-To-One Support Services to Youth with
Developmental Disabilities served by the
Children's System of Care**

Publication Date: October 8, 2025

**There will be a non-mandatory virtual conference
on Wednesday, October 29, 2025 at 10:00 A.M.**

The link for the conference is: <https://www.zoomgov.com/j/1612823165>

Questions Deadline: October 30, 2025

AOR Form Deadline: Wednesday, November 12, 2025

Response Deadline: Wednesday, by 12:00 NOON on November 19, 2025

**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 qualify providers of Summer Day Camp and Alternative Recreational Session programs to offer additional complementary **one-to-one support services** to the children, youth, and young adults (hereinafter youth) they serve, who are under the age of twenty-one (21) with developmental disabilities (DD).

Respondents who become qualified through this RFQ process to offer one-to-one support services at their Summer Day Camp and Alternative Recreational Session programs will be included on the Qualified Provider (QP) list located at www.performcarenj.org

Only those on the QP list are eligible to receive the DCF CSOC contribution toward the costs of the one-to-one support services of eligible families of youth with DD eligibility.

Respondents will be qualified to provide one-to-one support services to youth attending only the qualified Summer Day Camp or Alternative Recreational Session programs operated by the respondent's agency. Respondents will not be qualified to provide one-to-one support services to overnight camp participants.

Respondents applying to become qualified providers of Summer Day Camp or Alternative Recreational Session programs for the first time or applying to provide one-to-one support services for the first time to the youth they serve in their Summer Day Camp or Alternative Recreational Session programs must respond to this RFQ.

Providers previously qualified to offer one-to-one support services for their Summer Day Camp or Alternative Recreational Session programs, who notified CSOC of their intent to provide these services for 2026 by the deadline, are **not** required to respond to this RFQ.

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

Families who apply for one-to-one support services may be eligible to receive these services if CSOC determines their youth either have challenging behaviors that may threaten the health or safety of themselves or others without the supervision and involvement of a one-to-one support services staff, or an absence of developmentally appropriate adaptive, social, or functional skills and need direct physical assistance from a one-to-one support services staff in order to successfully participate in recreational and social summer camp activities. Youth who require skilled nursing

Care to provide for their special medical needs would not be a candidate for a one-to-one support service for camp; one-to-one support services staff are not expected to be qualified to provide skilled nursing care.

B. Funding Information:

DCF intends to fund services offered by providers that meet the qualifications and agree to all its terms and conditions. Funding is for the provision of summer camp services from June 2026 through August of 2026.

As with all services provided through CSOC, financial support toward one-to-one support services is based on available resources in a given fiscal year. All funding is subject to appropriation. The continuation of funding is contingent upon the availability of funds and resources in future fiscal years. Funds awarded under this program may not be used to supplant or duplicate existing funding.

Each respondent that meets the qualifications and requirements set forth in the RFQ shall be reimbursed for their provision of one-to-one services on a fee-for-service basis. DCF will pay qualified providers after reviewing and approving their submitted payment vouchers and supporting documentation.

Units of service are defined as fifteen (15) continuous minutes of direct contact service provided to, or on behalf of, the child, youth, adolescent, or young adult.

Qualified providers shall receive the published rate for this service as follows:

| Staff Positions | Rate | Unit |
|---|--------|----------------|
| One-to-one Support Services Aide BA/BS with 1-year relevant experience OR One-to one Support Services Aide HS Diploma/GED with 3 years relevant experience | \$7.69 | Per 15 Minutes |

The amount received by the provider shall change only if the published rate changes. One-to-one support services may be provided at any level by a practitioner whose credentials meet and/or exceed the minimum requirements for that service level. The reimbursement rate shall not increase when the credentials of the practitioner providing the service exceed the minimum.

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.

Following their qualification, providers will receive billing instructions and other important introductory information from CSOC. DCF will pay qualified providers after reviewing and approving their submitted payment vouchers and supporting documentation.

C. Pre-Response Submission Information:

Virtual Conference

There will be a Non-mandatory Virtual Conference for all respondents held on October 29, 2025 at 10:00 A.M.

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1612823165>

Meeting ID: 161 282 3165

One tap mobile

+16692545252,,1612823165# US (San Jose)

+16469641167,,1612823165# 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)
- +1 551 285 1373 US (New Jersey)
- +1 669 216 1590 US (San Jose)
- +1 415 449 4000 US (US Spanish Line)

Meeting ID: 161 282 3165

Find your local number: <https://www.zoomgov.com/u/aeGZahEjwS>

Join by SIP

- 1612823165@sip.zoomgov.com

Join by H.323

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

Meeting ID: 161 282 3165

Questions

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 RFQ must be requested by 12 P.M. on October 30, 2025.**

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 November 19, 2025.** Responses received after this deadline will not be considered.

To submit online, respondent must first complete an Authorized Organization Representative (AOR) registration form found at [AOR.pdf \(nj.gov\)](#) and send it to DCF.ASKRFP@dcf.nj.gov no later than five (5) business days before the response due date. **AOR registration forms received after close of business Wednesday, November 12, 2025 may not be processed in time for the response due date.**

The completed AOR registration form must be signed and dated by the Chief Executive Officer or designated alternate and sent to DCF.ASKRFP@dcf.nj.gov. Only one (1) AOR registration form is required, even if the respondent intends to file multiple responses. The respondent is required to enter each location to be served on the AOR registration form.

Upon receipt of the completed AOR registration form, DCF will grant the respondent permission to proceed and provide instructions for the submission of the response(s) electronically. DCF recommends emailing your AOR registration 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 two (2) 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.*

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 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.

Where required, all respondents must hold current State licenses.

Respondents 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 qualified to provide the services described in the RFQ 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, currently PerformCare, 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 youth-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 – Required Performance and Staffing Deliverables, starting with this page and 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-Statement of Acceptance*.

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 the Department, CSOC serves youth with emotional and/or behavioral healthcare challenges, DD, and/or those 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.
- 2) **The goals to be met by this program are:**
Summer Camp and Alternative Recreational Session programs are designed to offer youth an opportunity to participate in recreational activities while helping to build confidence and increase interactions with peers and within the community. These programs also allow families a temporary break from caregiving responsibilities. One-to-one support services permit families and youth to take advantage of these opportunities when they otherwise might be unable to do so.
- 3) **The prevention focus of this program is:**
Developmental Disability, Emotional Abuse/Neglect, Medical Condition, Physical Disability

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

- 1) **Age:** 0-up to and not including 21 at admission
- 2) **Grade:** Pre-K; Kindergarten; 1-12
- 3) **Gender:** All
- 4) **Marital Status:** N/A
- 5) **Parenting Status:** N/A
- 6) **Will the program also serve the children of the primary service recipient?** N/A
- 7) **DCF CP&P Status:** N/A
- 8) **Descriptors of the primary service recipient:**

Children, youth, adolescents, and young adults with DD eligibility in accordance with N.J.A.C. 10:196 and determined by CSOC to be eligible for services who attend Summer Day Camp or Alternative Recreational Session programs.

Qualified providers will apply 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.

Youth with DD eligibility who reside in Community Care Residences and out of home treatment settings, including but not limited to: Treatment Homes, Specialty Homes, Skill Development Homes, Group Homes, Residential Treatment Centers, and Psychiatric Community Homes, are not eligible to receive DCF financial support for Summer Camp, Alternative Recreational Session programs or for one-to one support services.
- 9) **Descriptors of the Family Members / Care Givers / Custodians of the primary service recipients also required to be served:**

As defined in the Family Support Act, N.J.S.A. 30:6D-35, a family to be served refers to the eligible youth with a developmental disability, the youth's biological or adoptive parent or uncompensated resource family parent or legal guardian who lives with and cares for the youth with the developmental disability.
- 10) **Other populations/descriptors targeted and served by this program:**

The provision of one-to-one support services is beneficial to those youth who may:

- a. not have the capacity to engage in and maintain peer relationships or to stay on task and follow directions without constant verbal and/or physical prompting;
- b. need assistance with all Activities of Daily Living (ADL's) e.g., eating, toileting, communication, mobility;
- c. present with serious behavior problems with ongoing (daily) incidents of injurious behaviors to self and/or others or wandering off/elopement by youth;
- d. need an adult in close proximity to supervise social interactions with peers at all times and assist in communication;
- e. require direct physical assistance with non-medical specialized health care support (e.g., feeding, assistance with braces or prosthesis) or require positioning or bracing multiple times daily;
- f. require health-related interventions which do not rise to the level of needing skilled nursing care, multiple times daily;
- g. require direct physical assistance with most personal care.

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, those delivering the services.

- 1) **The level of service increments for this program initiative:**
Funding is for the provision of one-to-one support services from June through August for up to seven (7) hours a day, and a maximum of ten (10) days for traditional Summer Day Camp programs, twenty (20) sessions for Alternative Recreational Session programs, or a hybrid of five (5) days for traditional Summer Day Camp programs and ten (10) sessions for Alternative Recreational Session programs.
- 2) **The frequency of these increments to be tracked:** Daily
- 3) **Estimated Unduplicated Service Recipients:** 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:**

Qualified providers of Summer Day Camp or Alternative Recreational Session programs shall assess whether youth with Intellectual/Developmental Disabilities under the age of twenty-one (21) seeking to attend their programs will need one-to-one support services by **meeting with their families/caregivers to jointly complete and sign the response for one-to-one services and the Child Adaptive Behavior Summary (CABS)**. Both the response for one-to-one services and the CABS are located on Part B of the Summer Camp application found on the PerformCare website:

<https://www.performcarenj.org/families/disability/summer-camp.aspx>

These meetings are required to take place **prior to** the youth being authorized for one-to-one services. Qualified providers shall retain a copy of the jointly completed CABS. The CABS is intended to gather information about the youth's typical functioning within the last six (6) months. It should reflect, to the extent possible, how the youth acts and reacts in common daily routines at home, in school, and in the community and provide a broad picture of the impact of the youth's disability on daily life for both the youth and the caregiver.

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

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

Upon receipt of the authorization information from the CSA, each qualified provider agency is required to make available one-to-one support services for those found eligible. Qualified providers shall maintain a list of youth registered with their camp and requiring one-to-one support to compare with the emailed authorization list from the CSA. Any discrepancies should be directed to the CSA's service desk at ServiceDesk@PerformCareNJ.org.

Qualified providers shall inform families at intake of:

- a. the mandated reporting responsibilities of agency staff regarding suspected abuse and neglect against a child under eighteen (18) years of age to the Division of Child Protection and Permanency (DCP&P); a vulnerable adult eighteen (18) years of age or older to Adult Protective Services (APS); and reporting every related accident, incident, or unusual occurrence involving staff, youth and/or families to CSOC and the Universal Incident Management Reporting System, as further explained below in **Section D. Resources, paragraph 10.**
- b. the grievance procedure established by the agency; and,
- c. their access to records upon request and within statutory authority.

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

One-to-one support services will not be authorized if the youth's needs do not meet clinical criteria for eligibility as indicated by the youth's completed CABS.

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

Qualified providers shall ensure staff receives training and meet the minimum requirements for employment in accordance with any other licensing, certifying or accreditation entities by which your agency is regulated. In addition, they shall promote the improvement of the quality of services provided by training every worker, the form of which is up to the provider.

Qualified providers are required to familiarize staff with the following policies and procedures:

- a. Agency Policies
- 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. Crisis management: Prevention, Recognition, and Intervention;
- d. HIPAA;
- e. Confidentiality and Ethics;
- f. Danielle's Law, in compliance with P.L.2003, c.191 (C.30:6D-5.1-5.6); and
- g. Identifying and reporting abuse and neglect.

In addition, while DCF recognizes the employment of summer staff is short-term, qualified providers should endeavor to familiarize staff with as much of the following as possible:

- h. Child and Adolescent Developmental milestones, identifying needs and strengths;
 - i. Cultural Competency;
 - j. CPR and First Aid;
 - k. Infectious Disease Control;
 - l. Interpersonal Communication and Effective Listening;
 - m. Limit Setting and Boundaries;
 - n. Conflict Resolution;
 - o. Impulse Control and Anger Management;
 - p. Reduction of Seclusion and Restraint Use;
 - q. Positive Behavior Supports;
 - r. Functional Behavior Assessment activities as well as how to implement proactive intervention plans.
- 9) **The service modalities required for this program initiative are:**
- a) **Evidence Based Practice (EBP) modalities:** N/A
 - b) **DCF Program Service Names:** N/A
 - c) **Other/Non-evidence-based practice service modalities:** N/A
- 10) **The type of treatment sessions required for this program initiative are:** N/A
- 11) **The frequency of the treatment sessions required for this program initiative are:** N/A,
- 12) **Awarded respondents 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:** N/A
- 13) **The professional development through training, supervision, technical assistance meetings, continuing education, professional board participation, and site visits, required for this program initiative are:** N/A
- 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:**
Statewide
- 3) **The program initiative's required service delivery setting is:**
Agency Site or CSOC approved location.
- 4) **The hours, days of week, and months of year this program initiative is required to operate:**
June through August
- 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**
- 6) **Additional flexible hours, inclusive of non-traditional and weekend hours, to meet the needs of those served? No**
- 7) **The language services (if other than English) this program initiative is required to provide: N/A**
- 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 worker to youth, shift requirements, supervision requirements, education, content knowledge, credentials, and certifications:**

Qualified providers shall ensure one-to-one support services staff:

- a. Shall be at least eighteen (18) years in age and have either:
 - A bachelor's degree in psychology, special education, guidance and counseling, social work, or a related field and at least one (1) year of supervised experience in implementing behavior support plans and teaching/assisting with ADL skills for individuals who have intellectual/developmental disabilities.
 - A High School Diploma or GED and at least three (3) years of supervised experience in implementing behavior support plans and teaching/assisting with ADL skills for individuals who have intellectual/developmental disabilities.

- b. Are covered by substitute staff members who are available to be assigned in the event of planned or unplanned absences of the regularly assigned one-to-one staff.
- c. Have completed and passed the TB skin test. This information shall be held in the provider agency file. Do not forward this information to CSOC.
- d. Assess whether the youth to be served is willing to accept instruction and assistance from the assigned service staff and substitute staff.
- e. Assess whether the youth is able to respond to direction and to comply with evacuation procedures in the event of an emergency.
- f. Assist with planning for any crisis related issues and assess those issues.
- g. Assess and review any risk or safety issue for youth at camp and determine resolutions.
- h. Provide support to assist the youth in developing life skills and enhancing personal relationships through community integration, while increasing safety awareness in various camp settings.
- i. Receive and respond to e-mails and phone calls within one (1) business day.

Qualified providers shall:

Demonstrate the ability to conform with and provide services under all protocols, including documentation and timeframes, established by CSOC, and managed by the CSA.

Comport with the program, administrative and fiscal procedures that result in the timely provision of appropriate services, accurate invoicing, and correct payments.

Provide authorized services within thirty (30) days of the authorized start date or inform the CSA of the reason for delay.

Submit invoices within ninety (90) days of the date of service delivery or inform the CSA of the reason for delay.

Attend at least one (1) camp billing training offered by the CSA.

Limit their billing procedure to receive payment for only the unit of service(s) authorized to and received by the youth;

Make available to DCF and/or its agents, at all reasonable times and places in New Jersey, the following if requested: documentation in participant's records which will enable the DCF, its agents or designee to verify that each charge is due and proper prior to payment, including, but not limited to, parent/guardian attestation verifying dates of service and youth's attendance.

Terminate their billing procedures promptly when family/caregiver informs them their service(s) are no longer being requested.

Ensure that all employees rendering direct services will have state and federal Criminal History Record Information (CHRI) background checks, with fingerprinting completed now and every two years thereafter. All employees rendering direct services to youth for whom CSOC is providing financial support are required to have fingerprint background checks. Qualified providers will receive from CSOC an information packet with the appropriate steps for the fingerprinting background check process. The cost of the fingerprinting background check will be paid for by DCF. The qualified provider 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.

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

Qualified providers shall:

- a. Ensure that the names of all agency employees, volunteers, and consultants that provide direct 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 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. Providers 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 must be available via phone to address urgent policy and procedure issues and/or provide support during camp hours and must respond to all e-mails and phone calls within one (1) business day.

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

1) Required use of databases:

Camp service utilization is managed by CSOC's CSA through CYBER authorizations and reports. CSOC's Family Support Service Program Lead will monitor One-to-One service utilization.

2) Reporting requirements:

One-to-one support service utilization is managed by CSOC's CSA through CYBER authorizations and reports. CSOC's Family Support Service Program Lead will monitor one-to-one service utilization.

Qualified providers are required to create and maintain an individual service record for each youth authorized to receive one-to-one support services that must be completed in collaboration with the one-to-one support services staff providing the service that shall contain, at a minimum, the following information:

- a. The dates of service and number of care hours, per level of service received, and
- b. Documentation of any and all crisis or emergency situations that occur during the provision of the services, including a summary of corrective action taken and resolution of the situation.

Qualified providers are required to maintain in support of all claims for payment:

- a. The 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 service(s) provided.
- e. The length of face-to-face contact, excluding travel time to or from the location of the contact with the youth receiving services.
- f. Parental verification stating the services were received on the dates specified (e.g. parental attestation, signed attendance sheet, etc.)

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.

County to be served if this response results in an award:

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:

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 the title heading: *Documents Requested to be Submitted with This Response*. **This section must be submitted as a separate PDF, which would be the second PDF submission in your response packet.**

- 1) **Corrective action plans, performance improvement 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 or performance improvement 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 or Performance Improvement Plan. 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, performance improvement, 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.

- 2) **Certification Regarding Debarment**
Form: <https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf>
- 3) **Disclosure of Investigations & Other Actions Involving Respondent**
Form:
<https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf>
- 4) **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
- 5) **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.
- 6) **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" \(state.nj.us\)](https://www.state.nj.us/sexualabuse/safe-child-standards)
- 7) **Trauma Informed Practices** - Submit written policies describing the incorporation of these practices into your provision of services. (For information, tools and reference see [DCF | Trauma Informed Practices](#)).
- 8) **Three (3) Letter(s) of Support** from community organizations with which you already partner specific to the provisions of services under this RFQ. Letters from family members of individuals receiving services and New Jersey State employees are prohibited. Please include telephone numbers and e-mail for all references so they may be contacted directly.
- 9) **Summary of Reduction of Seclusion and Restraint Use** (maximum 3 pages) describing policies adopted and the practices implemented to achieve this goal.

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. 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. 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 an 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 the qualification of the respondent 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 qualify a respondent.

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 qualify a respondent 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 Qualification Documents and Conditions

Prior to authorizing the provision of services, CSOC staff will require the qualified respondent to submit for review the following documents:

1) Agency Data Sheet

(Provided by CSOC staff)

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

2) Program Component Form

(Provided by CSOC staff)

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

As a condition of providing services and receiving payment, qualified respondents must resolve with CSOC any issues raised in the qualification letter or otherwise found in need of clarification. If DCF finds after sending a notice of qualification that the awarded respondent is incapable of providing the services or has misrepresented

any material fact or its ability to manage the program, the qualification may be withdrawn.

DCF reserves the right to disqualify a qualified provider. The breach or violation of any one of the provisions in this RFQ is subject to DCF's immediate removal of the qualified provider from the QP list.

Qualified respondents shall comply with all applicable State and Federal laws and statutes, assurances, certifications, and regulations regarding service provision and funding.

Qualified Providers are required to timely report to DCF about Significant Events relevant to their agencies. 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) a FEIN; (4) Corporate Address; (5) Program Closures; (6) Program Site locations; (7) Debarment and SAM status; and (8) the existence and status of Corrective Action Plans, Audits or Reviews by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities.