



REQUEST FOR PROPOSALS

FOR

Out of Home Residential Treatment Center

Publication Date: December 5, 2023

Response Deadline: January 24, 2024, by 12:00 P.M.

Funding of \$6,001,791 Available

There will be a mandatory virtual conference on

December 13, 2023, at 9:30 A.M.

The link for the conference is:

<https://www.zoomgov.com/j/1604684613>

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:

DCF Children's System of Care (CSOC), announces its intent to award a contract for Residential Treatment Center (RTC) services for youth ages 9 through 17 who present with severe and persistent challenges in social, emotional, behavioral, and/or psychiatric functioning. Service requirements reflect the CSOC initiative to reduce the use of seclusion and restraints, and to provide interventions thoroughly imbued with trauma and self-regulatory care.

Five (5) RTC homes consisting of 5-beds each (total 25) will be awarded. Up to 5 awards are available. A successful respondent may receive no more than three (3) awards or a total of fifteen (15) beds within three (3) five-bed programs.

If a respondent is interested in applying for more than one (1) service site, it must submit a separate proposal for each site. Sites may be co-located on a single property and shall operate as separate programs.

Respondents are advised that each of the five (5) homes must accept youth from all areas of the state. The program service sites are required to be located in:

- 1) Mercer, Middlesex, or Somerset (Male, ages 9 through 12),
- 2) Mercer, Middlesex, or Somerset (Female, ages 9 through 12),
- 3) Gloucester, Cumberland, or Salem (Male, ages 13 through 17),
- 4) Gloucester, Cumberland, or Salem (Female, ages 13 through 17),
- 5) Gloucester, Cumberland, or Salem (Coed and LGBTQI friendly, ages 15 through 17).

B. Funding Information:

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

This is a competitive process. Respondents are on notice that no annual increases will be considered as part of this contract to salaries, fringe, or benefits in future negotiations or contracts, unless approved by the State legislature for all contracting entities. Funds awarded under this program may not be used to supplant or duplicate existing funding.

DCF will make available \$6,001,791 to fund five 5-bed RTC homes (total of 25 RTC beds). DCF reserves the right to award all or a portion of this amount.

The maximum award for a 5-bed program is up to \$1,200,358 inclusive of up to 5% startup costs based on the current per diem rate per youth of \$626.41. This rate applies only to those programs accredited by one of the following: Council on Accreditation (COA), Commission on Accreditation of Rehabilitation Services (CARF) or the Joint Commission (TJC). The award for a non-accredited program is up to \$1,170,886 inclusive of up to 5% startup costs based on the per diem rate per youth of \$611.03. CSOC requires that awarded programs not currently accredited, achieve accreditation within twenty-four (24) months of award.

The per diem rate is reimbursed on a fee for service basis and is all inclusive compensation and reimbursement for providing youth all clinical services and social, recreational, and other activities, and for all facility and administrative costs of the program. Medicaid billing is the payment methodology for reimbursement. Reimbursement is based exclusively on occupancy. CSOC does not guarantee 100% occupancy.

The funds support the first year of a contract subject to renewal. The intended funding period is from the date of award through June 30, 2026. The initial contract term is from the date of award through June 30, 2024. If renewed, the second contract term will begin July 1, 2024. 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 except for approved start-up costs.

DCF reimbursement of start-up costs for this program is subject to contract negotiations and DCF approval. A justification and summary of the anticipated costs required to begin program operations must be entered into the final column of the proposed budget form, applicable to the initial contract term ending June 30, 2024, and is found at: <https://www.nj.gov/dcf/providers/contracting/forms/>. This completed form must be submitted as a document included in PDF 2:

Section III - *Documents Required to be Submitted with This Response, subsection A. Documents to be Submitted in Support of This Response.*

Respondents may propose total start-up costs of up to 5% of the award amount, or a maximum of \$57,160 per accredited 5-bed program and \$55,756 per non-accredited program. Funds for approved start-up costs will be released upon the execution of a finalized contract and are paid via Scheduled Payments.

The awarded respondent must also ensure a generator is installed and operational to address any power outages affecting full agency capacity at the 5-bed program site. Purchase and installation of generators are acceptable as part of startup funds.

Matching funds are not required.

C. Pre-Response Submission Information:

There will be a Mandatory Virtual Conference for all respondents held on December 13, 2023, at 9:30 A.M.

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1604684613>

Meeting ID: 160 468 4613

One tap mobile

+16692545252,,1604684613# US (San Jose)

+16469641167,,1604684613# 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)

• +1 415 449 4000 US (US Spanish Line)

• +1 551 285 1373 US (New Jersey)

• +1 669 216 1590 US (San Jose)

Meeting ID: 160 468 4613

Find your local number: <https://www.zoomgov.com/u/abJFckq1X4->

Join by SIP

• 1604684613@sip.zoomgov.com

Join by H.323

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

Meeting ID: 160 468 4613

Respondents may not contact DCF in person or by telephone concerning this RFP. 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 12:00 P.M. on December 15, 2023**. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP 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 RFP. Written inquiries will be answered and posted on the DCF website as a written addendum to this RFP at: <https://nj.gov/dcf/providers/notices/requests/>

D. Response Submission Instructions:

All responses must be delivered ONLINE by 12:00 P.M. on January 24, 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.

Registered 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. Respondent Eligibility Requirements:

Respondents that have State or Federal grants or contracts must be in compliance 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 performance of any 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 \(nj.gov\)](https://www.nj.gov/dcf/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 document.

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 achieve full operational census within 180 days of contract award or the award will be rescinded. Extensions for good cause may be available by way of written request to DCF.

Respondents awarded a contract must be prepared to execute any planned sub-contracts, memorandum of agreements with vendors, consultants, or agencies, after the review and approval of DCF, prior to the program start date for operations.

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 its 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.

F. Required PDF Content of the Response:

Submit in response to this RFP 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 Required to be Submitted with This Response, subsection A. Organizational Documents Prerequisite to a Contract Award to be Submitted with the Response*

PDF 3: *Section III - Documents to Submitted with This Response, subsection B. Additional Documents to be Submitted in Support of This Response*

PDF 4: *Section IV - Respondent's Narrative Responses, subsections A. Community and Organizational Fit; B. Organizational Capacity; C. Organizational Supports; D. Program Approach; and E. Staff Recruitment and Retention.*

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 program 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:**

The Department of Children and Families (DCF) is a family and child serving agency, working to assist New Jersey families in becoming or remaining safe, healthy, and connected. Out of home treatment is a time-limited intervention aimed at stabilizing identified behaviors and addressing the underlying factors that may have influenced the etiology of these behaviors so that the youth may safely return home or to a non-clinical setting with as little disruption to his/her life as possible. The Residential Treatment Center (RTC) IOS provides 24-hour all-inclusive clinical services in nurturing and comfortable therapeutic settings. Youth receive individualized clinical interventions, psychopharmacology services (when applicable), education, medical services, and specialized programming in a safe, controlled environment with a high degree of supervision and structure. Treatment primarily provides rehabilitative services including, but not limited to, social, psychosocial, clinical, medical, and educational services. The purpose of RTC IOS is to engage the youth to address clearly identified needs, stabilize symptomology, enhance functionality, and prepare the youth for fulfillment and self-determination in a less restrictive environment.

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

The goal of RTC is to create a safe, holistic, consistent, and therapeutically supportive environment with a comprehensive array of services that will assist the youth with acquiring, retaining, and improving the behavioral, self-help, socialization, and adaptive skills needed to achieve improved physical, social, and emotional health as well as vocational potential. The ultimate goal is to facilitate the youth's reintegration with their family/caregiver and community or in an alternative non-clinical community setting.

The Children's System of Care (CSOC), within DCF, has sought to better develop out of home clinical services for youth and their families in a variety of ways. CSOC researched and established a rate setting methodology that delineates critical elements of out of home services and market-based rates for each service element. CSOC serves children, youth, and young adults with a wide range of challenges associated with emotional and behavioral health, intellectual/developmental disabilities, and substance use. CSOC is committed to providing these services based on the individualized need of each child and family within a system of care approach that is strength-based, culturally competent, family-centered, and in a community-based environment.

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

Incarceration, Institutionalization, Need for higher-acuity services.

B. Target Population - The below describes the characteristics and demographics of those the program must serve.

- 1) **Age:** 9 up to age 17 at the time of admission (varies by program geographical location)
- 2) **Grade:** 1-12 (varies by program geographical location)
- 3) **Gender:** All
- 4) **Marital Status:** N/A
- 5) **Parenting Status:** N/A
- 6) **Will the program initiative serve children as well as their parent or caregiver?** N/A
- 7) **DCF CP&P Status:** CP&P In Home Case; CP&P Out of Home Case; CP&P Adopt/KLG; Open with CMO
- 8) **Descriptors of the youth to be served:** Diagnosed with Primary Psychiatric Disorder and meets clinical criteria for this intensity of service.
- 9) **Descriptors of the Family Members/Care Givers/Custodians required to be served by this program initiative:** Children, youth, parents, and caregivers.
- 10) **Does the program have income eligibility requirements?** No

C. Activities - The below describes the activities this program initiative requires of 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:** Beds
- 2) **The frequency of these increments to be tracked:** Daily
- 3) **Estimated Unduplicated Clients:** 5 per program
- 4) **Estimated Unduplicated Families:** 5 per program
- 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:**

All services and activities are prior authorized by CSOC's Contract System Administrator (CSA), PerformCare based on medical necessity. An OOH provider will review the referral materials and make an admission or rejection decision within the defined time frames.

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

The determination to not accept a youth to a program may be made by reviewing the referral or by speaking with the youth's Care Manager, the youth themselves, or the family/legal guardian.

Termination of a youth from a program is done through the CSA as either a discharge based on clinical criteria or as a transfer authorized by the Transition Joint Care Review (TJCR): The TJCR is completed by an OOH provider who is treating the youth at the time of the OOH request. This document is completed when a youth needs to transition to another CSOC OOH treatment program, whether it be at a lower, lateral, or higher Intensity of Service (IOS).

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

Awarded respondents shall successfully operationalize the principles of needs driven, individualized, and family focused care that display sustainable progress throughout the course of treatment. Awarded respondents must fully engage both families and youth before, during,

and after admission to the program. Service delivery shall promote the persistence and creativity of professional staff.

Service delivery models must particularly ensure youth have a stable, familiar, consistent, safe, and nurturing experience within the context of a holistic approach to care. Awarded respondents shall achieve this experience for youth through their recruitment and retention of staff (particularly milieu staff), site design and utilization, and the type, scope, and frequency of family involvement, as well as the design and delivery of program services. Services that are healing-centered, evidence-based, and supported by research are strongly encouraged.

All services and interventions must be directly related to the goals and objectives established in each youth's Individualized Service Plan (ISP). Family/caregiver involvement is extremely important and, unless contraindicated, should occur from the beginning of treatment, and continue as frequently as possible as determined to be appropriate in the Joint Care Review (JCR). Family integration into treatment through meaningful engagement is necessary to transfer newly learned skills from the RTC setting to the home environment.

The JCR shall identify the youth's interests, preferences, and needs in the following areas, as determined appropriate by the youth, family, and other members of the Child/Family Team (CFT):

- physical and emotional well-being,
- risk and safety factors,
- medical, nutritional, and personal care needs,
- adaptive and independent living abilities,
- vocational skills,
- cognitive and educational abilities,
- recreation and leisure time,
- community participation,
- communication, religion, and culture,
- social and personal relationships, and
- other areas important to the youth and their family.

Treatment modalities will focus on assisting the youth in achieving developmentally appropriate autonomy and self-determination within

the community, while improving their functioning, participation, and reintegration into the family home or transitioning to an alternate out of home living situation.

The therapeutic interventions shall be grounded in an interpersonal approach in the group or milieu setting (See Yalom, Irvin D. *The Gift of Therapy*, Harper Perennial, New York (2002)). Individualized care shall take into consideration the realities of a youth's life, understanding her/his life in context as an effort to address the etiology of the youth's symptoms and behaviors rather than seek to simply "contain" them. Individualized care shall address the unique experiences of the youth. While programs are encouraged to utilize evidenced-based practices, they should be flexible and ensure that the selected interventions are appropriate for individual youth.

CSOC is particularly concerned with the treatment and regulation of trauma and the sequelae of trauma that affect most youth for whom out of home treatment is being considered. Respondents shall describe their approaches to the regulation and self-regulation of behaviors that impede and support healthy attachments. Supporting youth in their efforts to regulate their stress response and behavioral symptoms alone is not sufficient, however, and respondents must also describe models of intervention that are appropriate and effective in treating underlying trauma issues. For example, physically aggressive behaviors may be successfully addressed with additional or altered staffing patterns, changes to youth's schedule, and more careful regulation and self-regulation of the youth's movements and interactions with others, etc. Assisting youth in learning how to regulate their own actions and behaviors is necessary and an important aspect of serving youth well in a safe, comfortable, inviting, and supportive milieu.

While individuals may exhibit overt symptoms of trauma, others may exhibit symptoms of implicit trauma. Implicit trauma indicators are reflective of situations and experiences that may not result in an explicit memory of a specific traumatic event and/or manifest reactive behaviors. Such indicators may include, but are not limited to, in utero/infant trauma, adoption, caregiver terminal illness, caregiver

separation/grief/loss, cultural trauma, multiple placements, and multiple system involvement. However, these experiences are prone to cause reaction by the individual at some point and thus should be considered during the assessment and treatment planning process. Awarded respondents shall address both explicit and implicit trauma within the context of staff support, assessment, and treatment. Awarded respondents shall support the relationships with milieu staff through team structure, supervision, the development of verbal de-escalation methods, restraint reduction initiatives, and a staffing pattern that is comprised of a core team of well-trained, experienced full-time direct care milieu staff who are dedicated to this program to help youth move from being merely “managed” to being engaged in transformational healing-centered treatment. Awarded respondents shall provide a continuum of care from initial engagement to treatment until a youth successfully returns to the community.

The RTC IOS addresses youth’s individualized needs through cyclical assessments, services, and treatment that focus on identified strengths and the development of social skills, problem solving, and coping mechanisms. 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. Awarded 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. The awardee 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. Robust interactions based on group psychodynamics are encouraged to better prepare for a youth’s return to the community. Treatment issues shall be addressed individually and within the therapeutic milieu.

The youth and family’s introduction to an out of home treatment program is of paramount importance to the care of the youth and sets the stage for success. To achieve optimum success, the out of home provider and the care management entity (CMO) and DCP&P (if

applicable), must collaborate to arrange face-to-face meetings between the youth and family at least twice (as deemed feasible) prior to the youth's admission. This process will assist the youth in becoming acclimated to the program and a new environment. Whenever possible, the provider shall admit youth whose family resides in proximity to the program to promote family involvement.

The caregiver and family play a crucial role in the health and well-being of children and youth. Families/caregivers/guardians should be actively and creatively engaged by the treating provider(s) at the outset of treatment and throughout the entire planning and treatment process. This practice is necessary to create a system of care approach that provides families with the tools and supports pertinent to creating successful and sustainable life experiences for their children.

Throughout the course of treatment, the youth and family should be engaged to explore the factors that led up to out of home treatment and to equip them to actively participate in the treatment planning process designed to meet identified treatment goals. Treatment should not only focus on the youth's treatment needs, but also on family dynamics. Successful clinical engagement of families is essential for the beginning stage of treatment, which includes the youth, family and clinician creating a clinical alliance, developing shared goals, and understanding and assessing the areas targeted for change. Clinical engagement strategies are purposeful interventions that are imbedded into the program with the primary goal of therapeutically engaging youth and families into treatment. These strategies to build an engaging environment for youth and families are not only exhibited through the attitude and behavior adopted by the clinician but also at the organizational and treatment delivery levels.

Families shall be encouraged and supported to participate in the ongoing care of their youth, which includes integral participation in programmatic activities. This will afford an opportunity for families to be more than visitors as they contribute and feel a part of their youth's healing and growth process. This may also present an opportunity for agency staff to model best practices and to provide a transition home

and into the community through CSOC Intensive In-Community (IIC) Services*.

*Please note: CSOC strongly recommends that the awarded respondents become an IIC Provider

(<http://www.nj.gov/dcf/providers/csc/iicproviderapplication.html>)

to better facilitate youth transitions and allow for continuity of care post discharge. Ideally, the planning for this intervention will commence prior to the transition.

9) **The service modalities required for this program initiative are:**

a) Evidence-Based Practice (EBP) modalities: Six Core Strategies to Reducing the Use of Seclusion and Restraint, (See, National Association of State Mental Health Program Directors (nasmhpd.org)). Respondents also are encouraged to use other appropriate evidence-based treatment approaches.

b) Other/Non-evidence-based practice service modalities:

Reducing the Use of Seclusion and Restraint

The awardee 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/>

DCF/CSOC is committed to reducing and ultimately eliminating seclusion and restraints (S/R) in treatment settings, as seclusion and restraints are considered a treatment failure rather than a treatment intervention. It is associated with high rates of youth and staff injuries and is a coercive and potentially traumatizing and retraumatizing intervention with no established therapeutic value.

Additional information on *The Six Core Strategies for Reducing Seclusion and Restraint Use* can be found at: [NASMHPD-Six Core Strategies](#)

Nurtured Heart Approach

The awarded respondent is responsible for the implementation of the Nurtured Heart Approach (See, <https://nurturedheart.net/nha->

[overview/](#) and participating in the trainings offered through CSOC: <https://www.nj.gov/dcf/providers/csc/training/>.

Implementation of Healing Centered Care

CSOC is concerned with the management, treatment, and prevention of trauma that affects so many youth. Youth who present with challenges requiring services should also be understood in terms of their experiences of trauma and consequent difficulties in forming and maintaining healthy attachments. Trauma may affect youth in a multitude of ways, such as disruption in emotional responses, behavior, cognition, physical health, self-concept, and future orientation. Increased isolation and fewer social opportunities can contribute to low self-esteem/less opportunity to learn about abuse prevention. Respondents must be cognizant of this fact and describe how they plan to assure safety, predictability, and comfort for this vulnerable population. (See, SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach).

10) **The type of treatment sessions required for this program initiative are:**

Complete intake assessment, Individual (Group, Family, Face to Face)

11) **The frequency of the treatment sessions required for this program initiative are:**

Within the first 24 hours of RTC IOS services, the treatment team will provide:

- Psychiatrist will provide an initial treatment and crisis plan;
- Direct care milieu staff, together with current residents, will provide a thorough orientation to all aspects of the program;
- Case Manager will provide an orientation to the service for all family members;
- Case Manager will oversee the review and signature of all required paperwork and consents.

Within the first 48 hours of RTC IOS services, the treatment team will provide:

- NJ Licensed Clinician will provide an initial treatment and crisis plan with copies provided to youth and family;

- Nurse will provide a nursing assessment and report, and a treatment and safety plan to be incorporated into the initial treatment and crisis plan; and
- NJ Licensed Physician will provide a pediatric assessment.

Within the first 72 hours of RTC IOS services, the treatment team will conduct:

- NJ Licensed Clinician will conduct a substance use screen.

Within the first week of RTC IOS services, the treatment team will:

- Psychiatrist will conduct a psychiatric intake assessment with report;
- NJ Licensed Clinician will conduct a Bio-psychosocial assessment that systematically considers biological, psychological, and social factors and their complex interactions in understanding health, illness, and health care delivery to inform the prioritization of needs and treatment recommendations;
- NJ Licensed Clinician will issue a Bio-psychosocial assessment report that includes recommendations for inclusion in allied therapies, when appropriate;
- NJ Licensed Clinician will conduct an IMDS Strengths and Needs Assessment;
- Allied Therapist will conduct a recreation/leisure assessment and issue a report;
- NJ Licensed Psychologist will complete a psychological evaluation if the clinical team determines it is needed to inform the youth's care; and
- Convene a treatment team meeting that includes CMO and/or DCP&P representation and results in comprehensive treatment and prospective transition plans, integrating all the treatment team's input, assessments, and recommendations.

Each day the RTC IOS staff will:

1. Practice comprehensive and well documented communication, sharing significant events, youth progress, and other relevant information across disciplines and time frames;

2. Provide proper supervision of youth; always meeting the minimum staffing requirements specified in the Resources section of this RFP.
3. Ensure fewer than 30% of all youth waking hours will be spent in “milieu” activities;
4. Conduct beginning and end of day meetings to “check in” with the youth;
5. Provide, as needed, medication dispensing and monitoring;
6. Adhere to all required documentation and activities as per licensing regulations;
7. Adhere to all required documentation and activities as per [Administrative Order 2:05](#) (2004) and the [Addendum](#) (2005), which addresses the reporting of Unusual Incidents;
8. Transport, as needed, youth to medical appointments, family visits, community outings, off site activities, and other requisite needs; and
9. Ensure the implementation and practice of the Youth Thrive Approach* and Philosophy throughout all program components.
*<http://www.cssp.org/reform/child-welfare/youth-thrive/Youth-Thrive-PPF-definitions.pdf>

Each week, every youth and family will receive the below services. The specified length of time for each service may be adjusted up or down according to the youth’s ability to participate. All service delivery must be clearly documented within the youth’s treatment record.

- Three (3) psycho-educational activities, consistent with the treatment focus, directed by bachelor’s level staff. Additional group activities will be provided to support: age-appropriate pro-social learning, problem solving, life-skill development, and coping strategies; for the co-occurring program.
- Two (2) individual sessions (may be 45 minutes to 1 hour, per session) with the clinician.
- One family (may be 45 minutes to 1 hour) therapy session with the clinician. Clinician schedules should promote flexibility for families. Family therapy sessions may be conducted off-site. If necessary, family therapy sessions may be conducted via

telephone although no more than half of all family sessions can be conducted by phone.

- Three (3) group therapy sessions with the Clinician.
- Two (2) Health Oriented Education group sessions with a licensed health professional (RN, MD, LPN, APN). Topics include but are not limited to medication education, hygiene, sexuality, substance use, and nutrition.
- Structured and guided community-based activities or involvement that is participatory in nature, such as: “YMCA” or “YWCA” classes or organized sports leagues, Scouting programs, volunteerism, community center and/or or public library activities; and public events.
- Six (6) hours of structured Allied Therapy such as life skills, art, music, and recreational therapy. Allied therapies require identified goals and objectives.

Each month every youth and family will receive the below services.

- Comprehensive treatment and transition plan meetings that include all members of the multidisciplinary treatment team.
- An updated Information Management Decision Support (IMDS) assessment review.
- A psychiatrist meeting with the staff around medication issues.
- A psychiatrist clinical session with the youth.
- A psychiatrist meeting with the family;
- On-site structured family psycho-educational activities directed by professional staff for a minimum of three hours.

Two months prior to discharge every youth and family will receive the below services.

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

The treatment team will provide a “step down” action plan to specify in detail the week-to-week activities supporting a smooth and planful transition from out-of-home treatment services. At a minimum, the action plan must include:

- Two (2) meetings between the treatment team to discuss youth and family strengths, continuing goals, successful strategies, and potential pitfalls.
- A “Set back” plan for times during the transition phase when youth and/or family encounter difficulties that make transition appear less likely. This plan will delineate critical staff necessary to re-focus, rally, and support youth and family through to transition (this is where services provided by an IIC intervention might be advantageous).
- Action steps youth and family might take to capitalize on successes such as formal feedback (in addition to satisfaction surveys) to service staff and any multi-media activity that documents youth and family achievement.
- Joint Care Reviews (JCR’s), Transitional Joint Care Reviews (TJCR’s), Discharge Joint Care Reviews (DJCR’s), and Strength and Needs Assessments (when applicable) that must be completed and submitted on time. If the treatment team agrees that a youth has optimized the care in the program, but requires continued treatment, the out-of-home treatment agency must initiate the TJCR in collaboration with the involved case management entity. This process will result in the youth’s return to Youth Link. Agencies are encouraged to seek out other suitable OOH programs and indicate them in the TJCR and reach out to the relevant clinical staff in the potential agency.
- Transitional planning documents(s).
- Psychiatric, pediatric, psychological, nursing assessments and substance use summary as is indicated.
- Educational status.
- Crisis plan.

12) **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

Awarded respondents must 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.

Awarded 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.

Staff Retention

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

Staff Training

Required trainings include and are not limited to:

- Suicide Prevention
- Evidence based treatment approaches to nurturing emotional and behavior regulation in individual, family, and group therapy and the therapeutic milieu.
- Crisis management including, but not limited to, suicide prevention.
- Cultural Competence
- Information Management Decision Support Tools (IMDS)
- Continuous Quality Improvement
- Human Trafficking Identification
- Trauma informed care
- Working with LGBTQIA+ youth
- Six Core Strategies to Prevent Seclusion and Restraint

- Creating a Healing Environment
- Nurtured Heart Approach
- Nurturing and incorporating youth and family voice
- Gang Involvement
- Understanding the therapeutic management of co-occurring disorders
- Medication protocols
- Narcan Administration Training
- Basic First Aid and CPR
- Confidentiality and Ethics
- Identifying and reporting child abuse and neglect; (Any incident that includes an allegation of child/abuse and/or neglect must be immediately reported to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ ABUSE in compliance with N.J.S.A. 9:6-8.10)
- Reporting and management of unusual incidents per [AO 2:05](#) (2004) and the [Addendum](#) (2005) available promulgated by the NJ Department of Human Services
- HIPAA: The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191, and regulations promulgated by the United States Department of Health and Human Services, 45
- CFR Parts 160 and 164) was enacted to establish national standards for privacy and security in the handling of health-related information.
- 42 CFR Part 2 training
- In addition to the above one-time training courses, clinical staff/administrative staff/milieu staff shall receive refresher training (at least bi-annually) and advanced training, annually, to be provided by the agency, or an outside source. Designated administrative agency staff who satisfactorily complete the training may, in turn, train the remaining staff.

13) **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**

- 14) **The student educational program planning required to serve youth in this program:**

Student Educational Program Operations Requirements

The awarded respondent shall facilitate the ongoing provision of an appropriate educational program as required under federal and state education law through communication with the youth's school district. **DCF does not fund educational programs and services that youth are entitled to under those laws** or provide on-site educational services for youth in out-of-home treatment settings. The awarded respondent shall collaborate with the educational entities responsible for providing educational services and funding for those services to:

- Address educational programming with the goal, when possible, of maintaining the youth in his/her current school program.
- Provide a plan for collegial and proactive coordination with educational providers for both classified and non-classified youth, including procedures for ensuring that information is shared consistent with the applicable federal and State confidentiality laws.
- Commit to providing accurate documentation to the local school district to facilitate the educational process for students in their care. Upon registration of each student, applicants must provide the local school district with an Agency Identification Letter, a funding commitment letter from each student's parental District of Residence, and evidence of student immunization. When necessary, awarded respondents shall provide interim transportation services to expedite school placement.

Assessment of school performance is an essential component of treatment planning, as is involvement with school personnel to monitor the ongoing impact of treatment and facilitate constructive ways of working with the youth. Accordingly, genuine, and proactive coordination and collaboration between the grantee and educational providers is expected. To that end, respondents shall ensure strategies are developed and maintained to:

- coordinate clinical treatment with educational planning and

service delivery.

- communicate daily before and after school with school staff, as needed.
- support student homework, special projects, and study time for families-of-origin and natural supports available to the youth in educational updates and planning
- stay abreast of the educational progress of each student.
- resolve problems.
- ensure on-going participation in the educational program of each student.

All awarded respondents must also:

- Respond immediately and therapeutically to problems that arise during the school day.
- Coordinate the programming or services for students who do not have a summer school curriculum or who have graduated high school, as well as for those on breaks/vacations.
- Engage in planned collaboration with all school personnel to ensure youth remain in school as appropriate.
- Supervise students who are unable to attend school due to illness or suspension.
- Support home instruction as provided in accordance with educational regulation with adequate supervision, programming, and professional staff.

D. Resources - The below describes the resources required of 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:

- Mercer, Middlesex, or Somerset (Males, ages 9 through 12)
- Mercer, Middlesex, or Somerset (Females, ages 9 through 12)
- Gloucester, Cumberland, or Salem (Males, ages 13 through 17)
- Gloucester, Cumberland, or Salem (Females, ages 13 through 17)
- Gloucester, Cumberland, or Salem (Coed and LGBTQIA+ friendly, ages 14 through 17)

**2) The geographic area the program initiative is required to serve is:
Statewide**

- 3) **The program initiative's required service delivery location is:**
CSOC Out of Home

Five (5)-bed home.

Bedrooms and Bathrooms: No more than two (2) youth per bedroom; preferably single bedrooms. Each home must have a least one (1) bedroom that is wheelchair accessible. Each home must have at least one (1) bathroom that is ADA compliant or wheelchair accessible.

- 4) **The hours, days of week, and months of year this program initiative is required to operate:** All
- 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?** Yes
- 6) **Additional flexible hours, inclusive of non-traditional and weekend hours, to meet the needs of those served?** Yes
- 7) **The language services (if other than English) this program initiative is required to provide:** The respondent should have an awareness of the cultural and linguistic needs of the youth and families it proposes to serve. Clinical treatment services for youth with limited English proficiency (LEP) must be provided in the youth's primary language; 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:** RTC staff will transport youth for family visits, community events, school, and medical appointments, when needed.
- 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:**

The following are the minimum staffing credentials and requirements for a DCF contracted provider of Residential Treatment Services (as of 11/1/2023). This is not to be interpreted as comprehensive of the total responsibilities each staff member will manage. The following requirements regarding the hours for each youth are to be documented in a manner that can be audited and reviewed. In the event that there are circumstances in which a youth is not able to participate in the treatment, this must be

clearly documented to explain the efforts made to engage the youth and the reasons why the youth was not able to participate.

Position	Qualifications	Other Requirements	Hours/ youth/ week
<i>Psychiatrist (75% face to face with youth and/or families)</i>	New Jersey board certified or board eligible child / adolescent psychiatrist or psychiatric advanced practical nurse, in affiliation with a New Jersey board certified child / adolescent psychiatrist	<ul style="list-style-type: none"> •Psychiatric intake assessment & report (within first week) •Initial treatment & crisis plan (within 1st 24 hours) •Medication management meetings (monthly) •Clinical visit with youth (monthly) •Clinical visit with family (monthly) •Attend treatment team meeting (monthly) •24/7 availability by contract •Psychiatric treatment services, as needed, including routine and emergency psychiatric evaluations, medication evaluations, and prescription adjustments •Psychiatric consultation (including input into the clinical component of an individualized treatment plan developed by the multidisciplinary treatment team) •All of the above must be provided in accordance with the DCF Psychotropic Medication Policy 	.67
<i>NJ Licensed Physician</i>	New Jersey licensed pediatrician or advanced practical nurse in affiliation with a New Jersey board certified pediatrician	<ul style="list-style-type: none"> •Pediatric assessment will be completed within 1st 48 hours •24/7 availability by contract 	

Position	Qualifications	Other Requirements	Hours/ youth/ week
<p><i>New Jersey Licensed Clinician (*full-time position(s) dedicated exclusively to the program is expected as a best practice)</i></p>	<p>Master's or doctoral degree in counseling, social work, psychology or a related field and a license to practice independently in NJ including LCSW, LMFT, LPC, PsyD, PhD. or Master's level therapist licensed to practice in NJ including LSW and LAC who will achieve full independent licensure in the timeframe required by the appropriate licensing board and is practicing under the supervision of a NJ independently licensed therapist. Supervision must be provided in accordance with corresponding licensing board regulations.</p>	<ul style="list-style-type: none"> •Biopsychosocial assessment & report, which includes recommendations for the inclusion of allied therapies where appropriate (within 1st week) •IMDS strengths & needs assessment (within the first week after admission) •Initial treatment & crisis plan development, documentation, consultation (within 1st 48 hours) •Initial treatment & crisis plan debriefing w family & youth (within 1st 48 hours) •A substance use screen will be completed (within 72 hours of admission) •Comprehensive treatment & discharge plan development documentation and consultation (within 1st week) •Individual therapy utilizing an evidence-based practice (weekly) •Group therapy (weekly) •Family therapy w family of origin or natural supports utilizing an evidence-based practice (weekly) •Face-to-face contact and "check-in" with each youth (daily) •IMDS assessment review & update (monthly) •Attend & direct treatment team meeting (monthly) •75% of each clinical hour must be face-to-face clinical interaction with youth and family; time remaining may be dedicated to all ancillary tasks such as documentation in the youth's record of services provided, meetings, consultations, telephone calls, relevant research, and supervisory responsibilities. The time a clinician spends on case management must be additional to these clinical services. 	<p>6</p>
<p><i>Allied Therapist</i></p>	<p>Licensed, credentialed, or certified, where applicable. (must follow the requirements for screening/background checks)</p>	<ul style="list-style-type: none"> •Recreation/leisure assessment and report (within 1st week) •Allied activities that are based on the cognitive and emotional needs of the youth in the milieu and require identified outcome measures • Allied therapists must provide youth with structured and guided activities, on the program's site or in the community, which are participatory in nature and directly related to the youth's treatment planning needs. Examples may include, but not be limited to, yoga, movement, music, art therapy, vocational activities not supported through educational funding, etc. These 6 hours must be additional to the minimum number of hours per week of clinical services delivered by clinicians. Direct care staff qualified to deliver Allied may not do so while also providing direct supervision. 	<p>6</p>

Position	Qualifications	Other Requirements	Hours/ youth/ week
<p><i>Nurse / health educator (Minimum 30% hours per youth per week must be delivered by RN)</i></p>	<p>Registered nurse (RN) or a licensed practical nurse (LPN), under the supervision of an RN, with a current NJ registered nursing license and one year of direct care nursing experience with children.</p>	<ul style="list-style-type: none"> •Assess the physical condition of the youth in the program under the direction of the medical director or psychiatrist and integrate findings into the youth's treatment plan •Provide education and support to direct care staff on the administering of medications and possible side effects, under the direction of the medical director or other physician •Implement the quality assurance program •Provide injections of medication, as needed and directed by the medical director or other physician •Nursing assessment and report within the first 48 hours of admission •Initial treatment and safety plan consultation (within the first 48 hours and then weekly) •Medication dispensing daily • Health/Hygiene/sex education (weekly) •Medication education monthly •Attend debriefing on youth status daily •Attend treatment team meeting monthly •Minimally, twice weekly health education groups led by licensed professional(s) (RN, MD, LPN, APN). Health education is defined as the practice of educating youth about topics of health. Areas within health education encompass environmental health, physical health, social health, emotional health, intellectual health, and spiritual health. It can be defined as the principle by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance, or restoration of health. Health education shall cover topics that are applicable to a particular program's age and gender population and related health needs. <p>Groups can be delivered through a virtual platform by the licensed professional provided:</p> <ol style="list-style-type: none"> 1) The groups are streamed live, and youth can interact with the licensed professional in real time. 2) There are bachelor's level direct care staff in the room with the youth co-facilitating the groups and helping facilitate Q&A between the youth and the licensed professional. 3) The licensed professional is streaming from an agency site located in New Jersey and ensures that any and all responsibilities that require a physical presence by a qualified nurse are delivered on site as needed. 4) The group shall not include any youth other than those residing at the specific program where services are being delivered. 5) All telehealth services must be delivered in accordance with federal and state law security and privacy laws. 	<p>2</p>

Position	Qualifications	Other Requirements	Hours/ youth/ week
<i>Dietitian</i>		<ul style="list-style-type: none"> • A dietitian or nurse shall screen all youth at intake, and thereafter as needed, for any dietary restrictions or allergies to ensure their health and safety* 	.5*
<i>Psychologist</i>	New Jersey licensed psychologist or NJ licensed child adolescent psychiatrist with PhD, PsyD, or Ed.D.	<ul style="list-style-type: none"> •A psychological evaluation will be completed at the time of intake and thereafter, if the clinical team determines it is needed to inform the youth's care * 	2 *

Position	Qualifications	Other Requirements	Hours/ youth/ week
<i>Direct care milieu staff</i>	<p>Have one of the following qualifications:</p> <ul style="list-style-type: none"> i. A high school or high school equivalency diploma and one year of experience working with youth in a group setting; ii. An associate's or bachelor's degree from an accredited college or university in a field that is unrelated to social work or psychology and six months experience working with youth in a group setting; iii. An associate's or bachelor's degree from an accredited college or university in social work, psychology or a related field <p>NOTE: programs must maintain an appropriate complement of bachelor's level staff to provide psycho-educational services and to co-facilitate telehealth nursing groups. Co-facilitation of a nursing group by bachelor's level direct care staff does not fulfill the direct care staff requirements to deliver psycho-educational services.</p>	<ul style="list-style-type: none"> •Youth orientation (within 1st 24 hours of admission) •Milieu activities (daily) •Community integration via focused recreational activities (weekly) •Direct youth supervision (daily) •Attend treatment team meetings (monthly) •Pre-Vocational skills training (5 hours weekly) •Provision of Ansell-Casey or Botvin Life Skills training: a minimum of 3 hours weekly as applicable/appropriate for youth age ranges •Three (3) psycho-educational activities, consistent with the treatment focus, directed by bachelor's level staff. Additional group activities will be provided to support: age-appropriate pro-social learning, problem solving, life-skill development, and coping strategies. 	44

Position	Qualifications	Other Requirements	Hours/ youth/ week
<i>Case Management</i>	Bachelor's level case manager with 3 or more years of relevant experience or an unlicensed master's level practitioner with 1-year of related experience.	<ul style="list-style-type: none"> •Family orientation (within 1st 24 hours) •Review and signature of all required paperwork and consents (within 24 hours) •As needed on-site family psycho-educational activities tied to comprehensive treatment and discharge plan. •Attend treatment team meetings (monthly) •Monitor transition plans of youth and facilitate follow-up as needed in effort to minimize delayed transition of youth (routinely) •If case management is delivered by clinicians, direct care milieu staff, or other qualified professionals charged with duties other than case management under this contract, then the hours they dedicate to case management must be additional to the hours they dedicate to these other duties and must be documented accordingly. It is the provider's responsibility to ensure a process is in place for all individuals involved in case management to properly document their work in each youth's record. 	5.5

Position	Qualifications	Other Requirements	Hours/ youth/ week
<p><i>Other: Service/ Program Director (full-time position, dedicated 100% exclusively to this program)</i></p>	<p>Full-time service/program director dedicated exclusively to this program with a master's degree in relevant field (psychology, social work, public health, healthcare/social services administration, public administration, education, business administration, or healthcare policy, with 3 years' experience serving youth in a residential or inpatient hospital behavioral health treatment program of which at least one year is supervisory or Full-time service/program director dedicated exclusively to this program with a bachelor's degree in relevant field (psychology, social work, public health, healthcare/social services administration, public administration, education, business administration, or healthcare policy, with 5 years' experience serving youth in a residential or inpatient hospital behavioral health treatment program of which at least one year is supervisory.</p>	<ul style="list-style-type: none"> •Attend monthly treatment team meetings; oversee all quality assurance/program improvement activities w/focus on attaining bench-mark activities for all direct care staff •Provide on-site support and oversight exclusively to program •Supervise milieu staff and schedules 	

Contracted staff to youth ratio:

- One (1) direct care milieu staff for every five (5) youth must be maintained at all hours.
- Provision of 1:1 supervision as needed; required supervision ratios must be maintained during crisis situations.
- Minimum of two (2) awake staff whenever youth are present – including while youth are asleep, and on community trips. Each youth must be supervised unless specified otherwise in the treatment plan.
- A minimum of two direct care milieu staff members must be present and awake providing supervision to youth whenever any youth are present, and available to provide 1:1 supervision as needed.
- Awake professional staff* in the home/dwelling/unit that may provide additional supervision support during crisis situations include the following titles: program directors, house managers, program coordinators, clinicians/therapists, case managers, and health care providers. These staff must be certified in any approved therapeutic holds or de-escalation techniques and trained to provide direct care duties. The time these professionals are contractually required to provide treatment services is not reduced by the time they provide additional supervision support in the home.

* For programs with 5 or fewer contracted beds, these professionals may serve in lieu of the second direct care milieu staff member during first shift school hours Monday through Friday when there are no more than 1 or 2 youth in the home.

Additional Clarifications:

- Minimum staff requirements apply to each contracted program. It is permissible for provider agencies to allow direct care staff to cover vacant shifts within programs of the same or lower intensity of service as their primary assignment provided it does not disrupt or reduce coverage in other programs. Providers are encouraged to limit overtime. CHRIs are required for each program.
- Providers of this intensity of service must maintain site specific accreditation from one of the following accrediting bodies: The Joint Commission (TJC), Council on Accreditation (COA), The Commission on Accreditation of Rehabilitation Facilities (CARF).
- Providers of this intensity of service shall ensure crisis prevention, stabilization, and interventions are reflective of CSOC's commitment to the Nurtured Heart Approach and Six Core Strategies to Reduce Seclusion and Restraint.

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

NJ Medicaid Enrollment:

Respondents must have the demonstrated ability, experience, and commitment to enroll in NJ Medicaid, and subsequently submit claims for reimbursement through NJ Medicaid and its established fiscal agent, Gainwell Technologies, within prescribed timelines.

Licensure:

Respondents must provide evidence of, or demonstrated ability to meet, all DCF and other applicable State and Federal Licensure standards. DCF Office of Licensing standards as specified in the Manual of Requirements for Children's Group Homes (N.J.A.C.10:128) can be accessed at:

<http://www.nj.gov/dcf/providers/licensing/laws>.

Accreditation:

CSOC requires that awarded programs will be Joint Commission, COA, or CARF accredited or, if not currently accredited, achieve accreditation within twenty-four (24) months of award.

Provider Information Form:

The awardee will be required to complete a Provider Information Form (PIF) in collaboration with CSOC at the time of contracting. The PIF will reflect the obligations outlined in this RFP.

Site Visits:

CSOC, in partnership with the DCF Office of Licensing, will conduct site visits to monitor awardee progress and challenges in accomplishing responsibilities and corresponding strategy for overcoming these challenges. The awardee may receive a written report of the site visit findings and will be expected to submit a plan of correction, if necessary.

Contracted System Administrator (CSA):

The CSA is the single point of entry for CSOC. The CSA facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child-serving systems. The awardee must

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

Organization/Agency Web site:

Publicly outlining the specific behavioral challenges exhibited by some of the children served by an agency may lead to confusion and misinformation. Without the appropriate context, the general public may wrongly assume that all children served are dealing with those challenges. Respondents must ensure that the content of their organization's web site protects the confidentiality of and avoids misinformation about the youth served. The web site should also provide visitors with a mechanism for contacting upper administrative staff quickly and seamlessly.

Unusual Incident Reporting & Management:

All required documentation and activities will be provided in accordance with applicable licensing regulations and [Administrative Order 2:05](#) and related [Addendum](#), which address the reporting of Unusual Incidents.

<https://www.nj.gov/humanservices/staff/opia/cimu/>

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

This program requires electronic, telephone, and in-person conferencing capability to ensure effective and timely communication between the youth, family, and other team members.

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

The RFP requires the establishment of a multi-disciplinary treatment team with required functions. Awarded respondents shall describe, through policy and procedures documents, mechanisms for communication, responsiveness, flexibility, and creativity of treatment teams.

The treatment team must include, but is not limited to, the following individuals:

- 1) Youth,
 - 2) Family members,
 - 3) Natural supports as identified and selected by youth and family,
 - 4) Psychiatrist,
 - 5) Nurse (Supervising RN),
 - 6) Allied Therapist,
 - 7) Direct Care milieu staff
 - 8) Educational professionals,
 - 9) Licensed clinicians across both Mental Health and Substance Use,
 - 10) Program Director,
 - 11) CSOC care management entity (Care Management Organization),
 - 12) Child Protection & Permanency (CP&P), if applicable.
- 13) **The data collection systems this program initiative requires:**
CYBER
- 14) **The assessment and evaluation tools this program initiative require:** N/A

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:

A fully updated Program Staffing Summary Report (PSSR) must be submitted annually and timely, to demonstrate compliance with all staffing required to deliver effective services.

2) The outcomes required of this program initiative:

Awarded respondents must be willing, and have the capacity, to engage in participatory, collaborative evaluation planning with DCF to assess program outcomes, including but not limited to, gathering and monitoring data and implemented performance improvement.

Data-driven performance and outcomes management is a central aspect of CSOCs' management of the system of care. To support sensitive and responsive management of these RTC services and to inform future practice, regulation, and "sizing", awarded respondents

must implement a robust quality assurance and performance improvement (QA/PI) plan that includes all service participants: youth, families, and all levels of staff. In doing so, awarded respondents must also dedicate resources to meet with CSOC, and the DCF Offices of Monitoring and Quality to ensure the QA/QI plan is in alignment with oversight requirements and DCF quality standards.

3) **Required use of database(s): Information Technology Systems required for the Operation and Performance Monitoring of this program initiative:**

Providers shall use an electronic health record and other electronic or manual documentation systems to document service planning and delivery. Providers shall be required to use the Department of Children and Families Unusual Incident Reporting systems to report all incidents as per AO2:05.

4) **Reporting requirements: Documents and reports required for data collection, reporting, and ongoing quality improvement for this program initiative:**

In addition to the quality improvement requirements outlined in #2, above, providers shall comply with all reporting and data collection requirements as determined by CSOC to support systems and program management and oversight.

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.

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 to be Submitted with This Response* and B. *Additional Documents 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 TO BE SUBMITTED WITH THIS RESPONSE, SUBSECTION A. ORGANIZATIONAL DOCUMENTS PREREQUISITE TO A DCF CONTRACT AWARD.*)

- 1) A description of how your **Accounting** System has the capability to record financial transactions by funding source, to produce funding source documentation, authorization to support all expenditures, and

timesheets which detail by funding source how the employee spent their time, invoices, etc.

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

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

Website: https://www.state.nj.us/treasury/contract_compliance/

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

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

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

Form:

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

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

Form:

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

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

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

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

- 8) **Business Associate Agreement/HIPAA** - Sign and date as the Business Associate.

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

- 9) **Conflict of Interest Policy** (Respondent should submit its **own** policy, **not** a signed copy of the DCF model form found at the end of the following DCF policy.)

https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf

- 10) All **Corrective action plans or reviews** completed by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two (2) years. If applicable, a copy of the corrective action plan should be provided and any other pertinent information that will explain or clarify the respondent's position.

If not applicable, the respondent must **include a signed written statement** that it has never been under any Corrective Actions or reviews. Respondents are on notice that DCF may consider all materials in our records concerning audits, reviews, or corrective active plans as part of the review process. Respondents subject to a Corrective Action not yet completed are not eligible to apply.

- 11) Certification Regarding **Debarment**

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

- 12) **Disclosure of Investigations & Other Actions Involving Respondent**

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

- 13) **Disclosure of Investment Activities in Iran**

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

- 14) **Disclosure of Ownership (Ownership Disclosure Form) 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 application **shall result in rejection of the proposal**.

15) **Disclosure of Prohibited Activities in Russia and Belarus**

Form:

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

16) **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>

17) Document showing **Unique Entity ID (SAM) Number**

Website: <https://sam.gov/content/duns-uei>

18) **Certificate of Incorporation**

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

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

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

20) **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.

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 agency's operations (policies and/or practices) mirror these standards. The document should include the agency name & current date. The Standards are available at: ["Sexual Abuse Safe-Child Standards" \(state.nj.us\)](#)

- 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

Form:

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

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

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

Helpline:1-866-606-8220

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

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

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

Non-Profit: Form 990 Return of Organization Exempt from Income Tax
or- For Profit: Form 1120 US Corporation Income Tax Return -or-
LLCs: Applicable Tax Form and may delete/redact any SSN or personal information

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

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

B. Additional Documents 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 TO BE SUBMITTED WITH THIS RESPONSE, SUBSECTION B. ADDITIONAL DOCUMENTS TO BE SUBMITTED IN SUPPORT OF THIS RESPONSE.**)

- 1) A completed **Proposed Budget Form** documenting all costs associated with operating the program. If DCF is allowing funding

requests for **start-up costs**, document these separately in the final column of the Proposed Budget Form. This form is found at:
<https://www.nj.gov/dcf/providers/contracting/forms/>.

- 2) A completed **Budget Narrative** is required for the proposed program that: a) clearly articulates budget items, including a description of miscellaneous expenses or “other” items; b) describes how funding will be used to meet the project goals, responsibilities, and requirements; and c) references the costs associated with the completion of the project as entered in the Proposed Budget Form found at:
<https://www.nj.gov/dcf/providers/contracting/forms/>. When DCF allows funding requests for start-up costs, include in the Budget Narrative a detailed summary of, and justification for, any one-time program implementation costs documented in the final column of the Proposed Budget Form.
- 3) 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.
- 4) **Letter(s) of Collaboration** specific to a service to demonstrate commitment to the program.
- 5) (3) **Letter(s) of Commitment** specific to a service or MOU to demonstrate commitment to the program.
- 6) (3) **Letter(s) of Support** from community organizations with which you already partner. Letters from any New Jersey State employees are prohibited.
- 7) **Proposed Program Organizational Chart** for the program services required by this response that includes the agency name and the date created.

- 8) **Proposed Program Staffing Summary Report (PSSR)**
A full updated report must be submitted with this proposal and then **annually**.
Form: <https://www.nj.gov/dcf/providers/contracting/forms/ProgramStaffingSummaryReport.xlsm>
- 9) **Proposed Subcontracts/Consultant Agreements/Memorandum of Understanding** to be used for the provision of contract services, if applicable.
- 10) **Summary of Reduction of Seclusion and Restraint Use** (maximum 3 pages) describing policies adopted and the practices implemented to achieve this goal. Respondents may fulfill this requirement by providing a board-approved agency policy in lieu of a description of policy and shall describe the practices implemented to achieve this goal.
- 11) A **Training Curricula Table of Contents** for the current and proposed staff consistent with the requirements described and certified to in the Activities Requirements) of the Required Performance and Staffing Deliverables of this RFP.

Section IV - Respondent's Narrative Responses

Respondents who sign the above Statement of Acceptance to provide services in accordance with the *Required Performance and Staffing Deliverables* additionally must submit a narrative response to every question below. A response will be evaluated and scored as indicated on each of the following three Narrative Sections: A. Community and Organizational Fit; B. Organizational Capacity; C. Organizational Supports, D. Program Approach; and E. Staff Recruitment and Retention. Respondents must organize the Narrative Response sections submitted in the same order as presented below and under each of the three corresponding title headings.

There is a 25-page limit for the five (5) narrative sections of the response. Narrative Sections of the responses should be double-spaced with margins of one (1) inch on the top and bottom and one (1) inch on the left and right. The font shall be no smaller than twelve (12) points in Arial or Times New Roman.

(All five (5) of these sections must be submitted as a single PDF document, which would be the fourth PDF submission in your response packet and is to be labeled as: **PDF 4 – Section IV: Respondent’s Narrative Responses, Subsections A. Community and Organizational Fit; B. Organizational Capacity; C. Organizational supports; D. Program Approach; and E. Staff Recruitment and Retention.**)

A. Community and Organizational Fit (20 Points)

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

- 1) Describe how this initiative is consistent with your organization’s mission, vision, and priorities.
- 2) Describe how this initiative fits with existing initiatives/programming in your organization.
- 3) Describe any existing services and programs that are categorized as well supported, supported, or promising as per the California Evidence-Based Clearinghouse for Child Welfare definition(s) (CEBC).
<https://www.cebc4cw.org/>
- 4) Describe how this initiative is consistent with your organization’s experience working with the target (or similar) populations required to be served by this initiative.
- 5) Describe how you will meet the geographic area requirements of this program initiative.

B. Organizational Capacity (20 Points)

Organizational Capacity refers to the respondent’s ability to meet and sustain the specified minimum requirements financially and structurally.

- 1) Describe how the organization’s leadership is knowledgeable about and in support of this initiative. Include how the requirements of this initiative will be met through your governance and management structure, including the roles of senior executives and governing body (Board of Directors, Managing Partners, or the members of the responsible

- governing body of a county or municipality). Do leaders have the diverse skills and perspectives representative of the community being served?
- 2) Does the organization currently employ or have access to staff that meet the staffing requirements for this initiative as described and certified to in the Resources/Staff Requirements section of the *Required Performance and Staffing Deliverables* of this RFP. If so, describe.
 - 3) Does staff have a cultural and language match with the population they serve, as well as relationships in the community? If so, describe.
 - 4) Describe how your Agency plans to fulfill staffing requirements not currently in place by hiring staff, consultants, sub-grantees and/or volunteers who will perform the proposed service activities.
 - 5) Are there designated staff with capacity to collect and use data to inform ongoing monitoring and improvement of the program or practice? If so, describe.
 - 6) What administrative practices must be developed and/or refined to support the initiative/program/practice? What administrative policies and procedures must be adjusted to support the work of the staff and others to implement the program or practice?
 - 7) Describe how the requirements of this initiative will be met through your existing collaborations, partnerships and collaborative efforts with other communities and systems.
 - 8) Describe how the requirements of this initiative will be met through your membership in professional advisory boards.
 - 9) Describe how the requirements of this initiative will be implemented through the existing or anticipated community partners listed and certified to in the resources section and the collaborative activities listed and certified to in the activities section of the *Required Performance and Staffing Deliverables* of this RFP.
 - 10) Describe how the requirements of this initiative will be met through your plans for program accessibility that include, at a minimum, the following details: site description, safety considerations, and transportation options for those served. Include a description of how staff scheduling

will be managed to ensure on call coverage in accordance with program expectations.

- 11) Describe how the requirements of this initiative will be met through your strategies for identifying and engaging the target population and for maintaining their participation in services in accordance with service recipients' need(s).

C. Organizational Supports (20 Points)

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

- 1) Describe how your organization will support this initiative with required/necessary training, coaching, supervision. Describe your organization's process to evaluate staff performance.
- 2) Describe how your organization will support the staff implementing this initiative by leveraging the resources of providers; communities; and other stake holders.
- 3) Describe how your organization will support the requirements of this initiative for collection, maintenance, and analysis of data. Will this require use of or changes to existing monitoring and reporting systems?
- 4) Describe how this initiative will be supported by your use of the data after it is analyzed and reported to evaluate program performance.
- 5) Describe how this initiative will be supported by your quality assurance and performance improvement processes, including the meaningful role of those to be served.
- 6) Describe how this initiative will be supported by your willingness to engage in participatory, collaborative evaluation planning with DCF to improve and finalize outcome indicators.

D. Program Approach (30 points)

- 1) Use a vignette to describe the way you propose to provide the RTC services required by this RFP and the anticipated impact on youth and their families.

- 2) Describe the teaming structure and process you will utilize to ensure an integrated approach to care and the inclusion of family and natural supports.

E. Staff Recruitment and Retention (10 points)

Provide a brief summary (no more than one page) that describes a structural business framework in which recruitment is maximized and turnover is minimized. This includes adequate support and supervision, training, incentives, and competitive salary offerings and means for ensuring work / life balance.

Section V - 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 an authorized Chief Executive Officer or designated alternate.
- 3) The response is complete in its entirety, including all documents required to be submitted in support of the response listed in Section III. A. and the organizational documents prerequisite to a contract award listed in Section III. 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 RFP and/or applicable law to be submitted with the proposal. If the documents are not then timely submitted in response to that notice, the application may be rejected as non-responsive.
- 4) The response conforms to the specifications set forth in the RFP.
- 5) At least one representative of the respondent must have been present at the Mandatory Conference.

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

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

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, respondent's lack of good standing with DCF, 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 an RFP 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, 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 the service implementation and payment processes described. In addition, a response to an RFP will be evaluated and scored by the Evaluation Committee based on the quality, completeness, and accuracy of each of the three Narrative Sections: A. Community and Organizational Fit; B. Organizational Capacity; and C. Organizational Supports. A response earning the highest score may result in a contract award. The narrative must be organized appropriately and address the key concepts outlined in the RFP. The quality and completeness of the required documents may impact the score of the Narrative Sections to which they relate.

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 VI - 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 awardee is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the award may not proceed to contract execution. DCF determines the effective date of any contract, which is the date compensable services may begin.

An awarded respondent shall be required to comply with the terms and conditions of DCF's 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 and <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 OCA contract administrator assigned to initiate and administer an awardee's contract will require the awardee 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 State of NJ contracts for the current year when the combined dollar amount exceeds \$50,000. The \$50,000 threshold includes fee-for-service reimbursements made via Medicaid. Not Applicable Note: Should state your agency will not exceed \$50,000 in combined State of New Jersey contracts for the current year.

Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator.

Policy:

https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf

4) **Liability Insurance** (Declaration Page/Malpractice Insurance/Automobile Liability Insurance)

Important: Policy must show:

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

Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator.

Policy:

https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf

5) Document showing **NJSTART** Vendor ID Number (NJ's eProcurement System) Website: <https://www.njstart.gov/> Helpline: 609-341-3500 or njstart@treas.nj.gov.

6) **Standardized Board Resolution Form**

Form:

https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p1_board.pdf

- 7) **Chapter 271/Vendor Certification and Political Contribution Disclosure Form**
[2006 Federal Accountability & Transparency Act (FFATA)]
Form:
<https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf>
- 8) **Program Organizational Chart**
Should include agency name & current date.

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

- 9) Copy of **Accreditation** (Joint Commission, COA, CARF, as applicable)
Cancellation of accreditation must be reported Immediately.
- 10) **Annex A Addendum** - Complete for each program component in CYBER. Submit online in CYBER.
- 11) **Certification Regarding Exemptions**
Website: <https://www.nj.gov/dcf/providers/contracting/forms>
- 12) **Certification Regarding Reporting**
Website: <https://www.nj.gov/dcf/providers/contracting/forms>
- 13) **Fixed Rate Information Summary**
Form - Provided by contract administrator when applicable.
- 14) **Schedule of Estimated Claims (SEC)** signed (for Startup funds)
Form: Provided by contract administrator when applicable.
- 15) For Each FSS Overnight Respite Program and OOH Program a current **Office of Licensing (OOL) Certificate**
Website: <https://www.nj.gov/dcf/about/divisions/ol/>
- 16) For Programs Hosting Youth, Adults, and Families or relying on Rent, Interest, or Depreciation in their program budget: current **Health/Fire Certificates.**

- 17) For Programs Hosting Youth, Adults, and Families or when including Rent, Interest, or Depreciation in the program budget: copies of an executed **Lease, Mortgage or Deed**.
- 18) For Programs Hosting Youth, Adults, and Families or relying on Rent, Interest, or Depreciation in their program budget: current/continued **Certificate of Occupancy**.
- 19) **Medicaid Provider Enrollment Application** (signed/dated) Provided by CSOC for Medicaid paid services.
- 20) Professional **Licenses and/or Certificates** currently effective related to job responsibilities.
- 21) Program **Activity Schedule**
The schedule should detail the structure/activities of the entire day of each week including evening shifts, 24/7.
- 22) **Program Staffing Summary Report (PSSR)**
A fully updated report must be submitted **annually**.
Form: <https://www.nj.gov/dcf/providers/contracting/forms/ProgramStaffingSummaryReport.xlsm>
- 23) **Subcontracts/Consultant Agreements/ Memorandum of Understanding** related to this contract for DCF review and approval.

C. Reporting Requirements for Awarded Respondents

Contractors 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 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)

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

Policy:

https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf

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

Contractor must ensure DCF form is used, and 2 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.

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

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

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

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

4) **Reports of Expenditures (ROE):**

A. Scheduled Payments Contract Component: To be submitted two times during the contract year: Interim (15 days from the end of the 6th month, and Final (120 days after the end of the fiscal year); or in accordance with any separate DCF directive to file additional ROEs for specific contracted programs. **Quarterly ROEs must be submitted for contracted program budgets funded with federal grants.** The format for the ROE must match that of the Annex B budget form. **Note:** Must

be prepared in accordance with the governing cost principles set forth in the DCF Contract Reimbursement Manual (CRM Section 6)

B. Fee for Service Contract Component: Not Required

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

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

Policy:

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

Website:

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

D. Reporting 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) Procurement Policy