



REQUEST FOR QUALIFICATIONS (RFQ)

FOR

RESPITE SERVICES FOR YOUTH WITH DEVELOPMENTAL DISABILITIES (DD) SERVED BY THE CHILDREN'S SYSTEM OF CARE (CSOC)

Publication Date: September 23, 2024

Response Deadline: November 6, 2024, by 12:00 P.M.

**There will be a non-mandatory virtual conference on
October 17, 2024, at 10:00 A.M.**

The link for the conference is:

<https://www.zoomgov.com/j/1605500048>

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.

IMPORTANT

**This RFQ is for new respondents only.
Current Family Support Services Respite (FSS Respite)
Providers of CSOC contracted through DCF should not apply.**

TABLE OF CONTENTS

Section I - General Information

A. Summary Program Description	Page 1
B. Funding Information	Page 2
C. Pre-Response Submission Information	Page 4
D. Response Submission Instructions	Page 5
E. Required PDF Content of the Response	Page 5
F. Respondent Eligibility Requirements	Page 6

Section II - Required Performance and Staffing Deliverables

A. Subject Matter	Page 7
B. Target Population	Page 8
C. Activities	Page 9
D. Resources	Page 22
E. Outcomes	Page 26
F. Signature Statement of Acceptance	Page 27

Section III - Documents Requested to be Submitted with This Response

A. Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with this Response	Page 28
B. Additional Documents Requested to be Submitted in Support of this Response	Page 32

Section IV - Response Screening and Review Process

A. Response Screening for Eligibility, Conformity and Completeness	Page 32
B. Response Review Process	Page 33
C. Appeals	Page 34

Section V - Post Award Requirements

A. General Conditions of Contract Execution	Page 34
B. Organizational Documents Prerequisite to Contract Execution to be Submitted After Notice of Award:	
Post-Award Documents Prerequisite to the Execution of All Contracts	Page 35
Post-Award Documents Prerequisite to the Execution of this Specific Contract	Page 36
C. Reporting Requirements for Awarded Respondents	Page 37
D. Requirements for Awarded Respondents to Store Their Own Organizational Documents On Site to be Submitted to DCF Only Upon Request	Page 38

Section I - General Information

A. Summary Program Description:

The New Jersey Department of Children and Families (DCF) Children's System of Care (CSOC) announces its intent to award contracts to respondents that meet the qualifications to provide Family Support Services Respite (FSS Respite) services to a biological or adoptive parent, or uncompensated resource family parent or legal guardian (hereinafter family) who lives with and cares for children, youth, and young adults under age twenty-one (21) (hereinafter youth) with developmental disability (DD) eligibility as defined in section 3 of the Division of Developmental Disabilities Act, N.J.S.A. 30:6D-25 and N.J.A.C. 10:196.

Note: Resource family parents (foster, adoption, and kinship) are eligible for FSS Respite Services per CSOC guidelines:

<https://www.performcarenj.org/pdf/families/family-support-services-facts.pdf>.

This Request for Qualifications (RFQ) seeks to expand the pool of qualified FSS Respite providers. Respite, which means "break" or "relief", is designed to offer families the opportunity for a break from caregiving responsibilities on a temporary or emergency basis for intermittent or short periods of time. Respite also provides a positive experience for the youth receiving care.

FSS Respite services allow the family to engage in relaxing, entertaining, or restful activities while a trained FSS Respite worker provides their youth with social and recreational activities. Activities are held in the youth's own home or outside their primary residence in either a community setting or at a provider site. FSS Respite services offer families an opportunity to strengthen or foster relationships with their other family members and friends and provides them with an opportunity to catch up on household duties and even their own sleep.

FSS Respite services are intended to be provided during the times when the family normally would be available to provide care. FSS Respite services are not a substitute for childcare, school, or participation in other age-appropriate activities and are not a substitute for services provided by a home health aide for self-care needs (bathing, dressing, feeding, and toileting).

FSS Respite services will also allow families to improve the nature of their caregiving activities through attendance at training events and educational programs that will increase their ability to become experts in handling the challenges of caring for a special needs youth.

DCF is seeking to qualify all respondents whose qualifications are overall conforming to this RFQ to provide one or more of the following five (5) FSS Respite services: Agency After School Respite (AAS), Agency Hired Respite (AHR), Agency Weekend Recreation (AWR), Self-Hired Respite (SHR) and

Overnight Respite (OVR). Respondents awarded a FSS Respite contract (hereinafter providers) are eligible to provide any of the FSS Respite services.

IMPORTANT

This RFQ is for new respondents only.
Current FSS Respite providers of CSOC
contracted through DCF should not apply.

Providers, who have proven continuing ability to provide FSS Respite services in compliance with their contract and any subsequent amendments, may continue to provide services subject to DCF's reservation of the right to disqualify them for the breach or violation of any one of the provisions of their contract.

If a provider with an existing CSOC contract for FSS Respite Services would like to add a new FSS Respite service (AAS, AHR, AWR, SHR or OVR) they should contact their CSOC Contract Administrator to determine what documents are required. New services will not be authorized until all required documents are submitted to and approved by CSOC.

B. Funding Information:

DCF intends to fund FSS Respite services offered by respondents that meet the qualifications and agree to all the terms and conditions of the consequent DCF contract. The intended funding period supports a five-year contract term from 2024 through 2029. 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.

As with all services, the financial support provided by DCF of services is based on available resources in a given fiscal year. All funding is subject to appropriation. The continuation of funding and contract renewals are contingent upon the availability of funds and resources in future fiscal years. Respondents are on notice that no annual increases will be considered as part of this contract in future negotiations or contracts, unless approved by the State of NJ for all similar contracts. Funds awarded under this RFQ may not be used to supplant or duplicate existing funding. Matching funds are not required.

Respite services are reimbursed on a fee-for-service basis. Units of service for AAS, AHR, AWR and SHR are defined as fifteen (15) minutes of direct contact service provided to, or on behalf of the youth. Units of service for OVR are defined as one (1) overnight. Providers agree to accept the reimbursement fees for FSS Respite services. No additional funds shall be provided for start-up, transportation, or any other purpose. Providers cannot bill for services already funded through DCF CSOC.

Providers will be reimbursed according to the maximum rates below:

Program	Symbol	Unit	Rate
Agency After School Respite	AAS	960 units (240 hours) per 90 days	\$7.40 per unit \$29.60 per hour
Agency Hired Respite	AHR	360 units (90 hours) per 90 days	\$10.69 per unit \$42.76 per hour
Agency Weekend Recreation	AWR	300 units (75 hours) per 90 days	\$7.08 per unit \$28.32 per hour
Self-Hired Respite	SHR	360 units (90 hours) per 90 days	\$7.06 per unit* \$28.24 per hour
Overnight Respite	OVR	1 overnight (maximum 14 overnights in a rolling 365-day period, based on availability)	\$155 per night
*Note: NJ State minimum wage must be paid for a SHR worker.			

Qualified respondents must enroll as a NJ FamilyCare/Medicaid provider with the NJ Department of Human Services, Division of Medical Assistance and Health Services (DMAHS). CSOC will send a NJ FamilyCare/Medicaid Provider Application to qualified respondents to complete and return directly. Authorization for FSS Respite services cannot be granted until a FSS Respite NJ FamilyCare/Medicaid provider number is issued and a FSS Respite contract is awarded and executed.

Providers claim reimbursement from NJ FamilyCare/Medicaid by submitting Health Insurance Claim Form, CMS 1500, to its established fiscal agent (Gainwell Technologies) within prescribed timelines. Providers will receive information and technical assistance about this billing process.

Providers shall submit their FSS Respite service claims within thirty (30) days of the date of service delivery. If services have not been provided within thirty (30) days of admission, the provider must inform DCF's Contract System Administrator (CSA), PerformCare, of the reason for the delay.

DCF makes no representation regarding the volume of activity that a provider may expect to receive if awarded a contract to provide services under this RFQ. There is no guarantee that FSS Respite services will be accessed.

C. Pre-Response Submission Information:

There will be a Non- Mandatory Virtual Conference for all respondents held on Thursday, October 17, 2024, at 10:00 A.M.

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1605500048>

Meeting ID: 160 550 0048

One tap mobile

+16692545252,,1605500048# US (San Jose)

+16468287666,,1605500048# US (New York)

Dial by your location

• +1 669 254 5252 US (San Jose)

• +1 646 828 7666 US (New York)

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

• +1 551 285 1373 US (New Jersey)

• +1 669 216 1590 US (San Jose)

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

Meeting ID: 160 550 0048

Find your local number:

<https://www.zoomgov.com/u/adSBQHCCdz>

Join by SIP

• 1605500048@sip.zoomgov.com

Join by H.323

• 161.199.138.10 (US West)

• 161.199.136.10 (US East)

Meeting ID: 160 550 0048

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

Technical inquiries about forms, documents, and format may be requested at any time prior to the response deadline, but **questions about the content of**

the response must be requested by 12 P.M. on October 23, 2024. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFQ and each question should reference the page number and section number to which it relates. All inquiries submitted should reference the program name appearing on the first page of this RFQ. Written inquiries will be answered and posted on the DCF website as a written addendum to this RFQ at: <https://nj.gov/dcf/providers/notices/requests/>

D. Response Submission Instructions:

All responses must be delivered ONLINE by 12:00 P.M. on November 6, 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. Only one (1) AOR form is required, even if the respondent intends to file multiple responses. The respondent is required to enter each location to be served on the AOR form

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

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

E. Required PDF Content of the Response:

Submit in response to this RFQ separate PDF documents labeled as follows:

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

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

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

F. Respondent Eligibility Requirements:

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

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

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

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

Where required, all respondents must hold current State licenses.

Respondents must have a governing body that provides oversight as is legally required in accordance with how the entity was formed, such as a board of directors for corporations, or the managing partners of a Limited Liability Corporation (LLC)/Partnership, or the members of the responsible governing body of a county or municipality.

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

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

Respondents awarded a contract **should achieve full operational census within sixty (60) days of contract award** or the award will be subject to be rescinded. Extensions may be available by way of written request to DCF.

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

Respondents awarded a contract must demonstrate the ability to conform with and provide services under protocols, including documentation and timeframes,

established by CSOC and managed by DCF's 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 youth-serving systems.

Section II - Required Performance and Staffing Deliverables

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

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

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

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

DCF is charged with serving and safeguarding the most vulnerable youth and families in the State of New Jersey and our mission is to assist all residents to be safe, healthy, and connected.

Within DCF, CSOC serves youth with DD eligibility. Caring for youth with DD eligibility presents additional challenges that go beyond the everyday stresses. As a result, the family may need longer rest periods or access to downtime. It may also be more difficult to find a qualified person to care for the youth. The FSS Respite services program can help offset these challenges by allowing the family to engage in relaxing, entertaining, or restful activities while a trained FSS Respite worker provides their youth with social and recreational activities held in the youth's own home or outside their primary residence in either a community setting or at a provider site.

CSOC is committed to providing FSS Respite services to youth with DD eligibility based on the family's relative need and the availability of resources. CSOC believes that the family plays a central role in the health and well-being of youth and involves families throughout the planning and treatment process to create successful life experiences for their youth.

- 2) **The goals to be met by this program are:**
FSS Respite services can achieve several goals:
- Avoid “burnout”
 - Reduce stress.
 - Prevent family disruption.
 - Enhance relationships.

Upon initial contact and in consultation with the families, providers will clearly state the reasons and goals for the type of FSS Respite services provided in a Respite Service Plan. Plans are to be reviewed quarterly, at a minimum, to ensure the achievement of goals and track progress.

- 3) **The prevention focus of this program is:**
Developmental Disability, Emotional Abuse/Neglect, Medical Condition, and/or Physical Disability

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

- 1) **Age:** 0 up to the 21st birthday
- 2) **Grade:** NA
- 3) **Gender:** Female; Male; Trans; Non-binary; All
- 4) **Marital Status:** N/A
- 5) **Parenting Status:** N/A
- 6) **Will the program initiative also serve the children of the primary service recipients?** N/A
- 7) **DCF CP&P Status:** N/A
- 8) **Descriptors of the primary service recipient:** Youth under age twenty-one (21) with DD eligibility in accordance with N.J.A.C. 10:196 and determined by CSOC to be eligible for FSS Respite services.

Youth must live in the community with a biological/adoptive parent, legal guardian, resource family (foster, adoption, and kinship), or uncompensated caregiver. A youth must have exhausted all other benefits for which the youth may be eligible (i.e., Social Security Insurance (SSI) and private insurance) before requesting FSS Respite services

Youth with DD eligibility who reside in community care residences and out of home treatment settings, including but not limited to: treatment homes,

specialty homes, skill development homes, group homes, residential treatment centers, and psychiatric community homes, are not eligible to receive DCF financial support for FSS Respite services.

Providers will apply uniform standards of care and conduct regardless of any youth's race, ancestry, color, age, sex, religion, marital status, disability, national origin, mental disorder, sexual preference, or ability to pay.

9) **Descriptors of the Family Members / Care Givers / Custodians of the primary service recipients also required to be served:**

As defined in the Family Support Act, N.J.S.A. 30:6D-35, a family to be served refers to the DD eligible youth and the biological/adoptive parent, legal guardian, resource family (foster, adoption, and kinship) or uncompensated caregiver.

10) **Other populations/descriptors targeted and served by this program initiative:** NA

11) **Does the program have income eligibility requirements?** N/A

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

1) **The level of service increments for this program initiative.**

Service	Total Units	Timeframe
AAS	960	240 hours per 90 days
AHR	360	90 hours per 90 days
AWR	300	75 hours per 90 days
SHR	360	90 hours per 90 days
OVR	1 to 14 overnights	Per rolling 365-day period

2) **The frequency of these increments to be tracked:**

Service	Unit Frequency
AAS	Each unit is equal to a 15-minute increment
AHR	Each unit is equal to a 15-minute increment
AWR	Each unit is equal to a 15-minute increment
SHR	Each unit is equal to a 15-minute increment
OVR	Each unit is equal to 1 overnight

- 3) **Estimated Unduplicated Service Recipients:** N/A
- 4) **Estimated Unduplicated Families:** N/A
- 5) **Is there a required referral process?** Yes
- 6) **The referral process for enabling the target population to obtain the services of this program initiative:**

CSOC's contracted CSA, PerformCare, initiates the youth's referral to qualified FSS Respite Service providers by matching the youth to providers based on the youth's age and geographic location. Matched youth appear in the provider's FSS Link page in CYBER, which is part of PerformCare's Management Information System (MIS).

Referrals are automatically generated in CYBER when a family, with a DD eligible youth, contacts PerformCare and applies for FSS Respite services through the FSS Application process. During the telephonic FSS application process, the family will complete all sections of the FSS Application and request their service of choice: AAS, AHR, AWR, SHR or OVR. PerformCare will assist each family in completing the FSS Application. The family can apply for FSS Respite services twenty-four (24) hours a day; seven (7) days a week by calling PerformCare's toll free phone number 1-877-652-7624. The FSS Application is valid for one (1) year from the date the completed application is submitted.

The FSS Application is valid for one (1) year from the date the completed application is submitted.

Once the FSS Application has been completed and all FSS Respite service requests have been entered, the youth will be assigned to the **FSS Link** of all the matched providers. The FSS Link is an area of the MIS electronic record that is used by providers to admit youth, manage referrals, and complete discharges in Cyber.

The FSS Link houses a list of referrals for the provider's services in the **Assign** status. Assign status indicates that the information provided on the FSS Application matches the FSS Respite service specifications listed on the Provider Information File (PIF). Youth may be assigned to multiple providers at the same time.

Providers will receive additional information and technical support to assist them in their implementation of this process. Each provider shall conform with and provide FSS Respite services under all protocols, including documentation and timeframes, established by CSOC, and managed by PerformCare.

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

Provider's Rejection/Termination Parameters for Families

- a. **Discharging Families:** Providers may discharge families from FSS Respite services when appropriate, in accordance with CSOC rules. Families must maintain an active FSS Application, updated annually, in order to continue receiving FSS Respite services. Providers may also discharge families if a family declines services, moves out of state, is not engaged in services, or is unresponsive to the provider. **Age Restrictions:** If a youth is turning age twenty-one (21) within the next ninety (90) calendar days of seeking services and is not currently receiving any FSS Respite service, a new FSS Application will **not** be completed. PerformCare instead will refer the youth to the NJ Department of Human Services (DHS), Division of Developmental Disabilities (DDD). Additionally, if a youth, currently receiving a FSS Respite service, is turning age twenty-one (21) within ninety (90) calendar days of submitting a renewal application, a new FSS Application will be completed with a service request to the same FSS Respite service and with the same provider. This provider can provide service up until the day before the youth's twenty-first (21st) birthday.

- b. **Youth Site Transfer:** Providers may complete a site transfer when a youth, who is actively admitted into their current service for more than one day, needs to move to a different site location within the same agency and for the same service (i.e., AAS to AAS). Transfers are only applicable to providers that offer the same service in multiple locations (i.e., one agency has four different AAS sites in Cyber). Providers must open the youth's record in FSS Link, click 'Forms' and select 'FSS Site Transfer' as the document type. Once the form is completed, the youth's information will be moved to the Census of the new service site. **Note:** The Site Transfer will not change the authorization timeframes, the due date of the reauthorization or the due date of the family's next FSS Application.

8) **The direct services and activities required for this program initiative:** Providers are qualified to provide one or more of the following five (5) services: AAS, AHR, AWR, SHR and OVR. The type of service will be based on the family's relative need and the availability of resources.

Respite, Agency After School (AAS)		
Symbol AAS	Unit 960 units (240 hours) per 90 days	Rate \$7.40 per unit / \$29.60 per hour
<ul style="list-style-type: none"> o Must be held at a provider's site. Services <u>may not</u> take place in the youth's home. 		

- Provides group based social and recreational experiences, rather than educational programming, to youth at the end of the school day.
- Includes preschool-aged youth enrolled in public school Pre-K programs and youth attending Extended School Year programs.
- Families are responsible for providing and arranging transportation. If the provider chooses to offer transportation the cost must be included in the posted rate. Providers may not bill families directly for transportation costs. Providers must notify families if transportation is being billed as part of the authorization as no additional units will be provided to cover transportation.
- Copies of the following three (3) documents must be submitted for each individual site:
 1. Certificate of Occupancy
 2. Fire and Health Certificates
 3. Lease, Mortgage or Deed
- Service is reimbursed on a fee-for-service basis.
- Unit is defined as fifteen (15) minutes of direct contact service.
- Rate is inclusive of start-up.
- No additional funds over the posted rate will be provided.
- Families can utilize time as needed within the 90-day authorization.

Respite, Agency Hired (AHR)

Symbol	Unit	Rate
AHR	360 units (90 hours) per 90 days	\$10.69 per unit / \$42.76 per hour

- Offered to families who want a worker who is recruited, trained, and employed by a contracted provider.
- Provides social and recreational experiences to youth in or outside of their homes in the community.
- Families are responsible for providing and arranging transportation. If the provider chooses to offer transportation the cost must be included in the posted rate.
- Compliance with Electronic Visit Verification (EVV) requirements is mandatory. All information regarding EVV compliance is available on the: New Jersey CSOC Information Center <https://hhaexchange.com/nj-csoc/>.
- Service is reimbursed on a fee-for-service basis.
- Unit is defined as fifteen (15) minutes of direct contact service.
- Rate is inclusive of start-up.

- o No additional funds over the posted rate will be provided.
- o Families can utilize time as needed within the 90-day authorization.

Respite, Agency Weekend (AWR)

Symbol	Unit	Rate
AWR	300 units (75 hours) per 90 days	\$7.08 per unit / \$28.32 per hour

- o Offers group activities outside of the youth’s home.
- o Provides social and recreational experiences, sometimes including a community outing component, on Friday night, Saturday and/or Sunday.
- o Overnight hours are not permitted.
- o Families are responsible for providing and arranging transportation. If the provider chooses to offer transportation the cost must be included in the posted rate. Providers may not bill families directly for transportation costs. Providers must notify families if transportation is being billed as part of the authorization as no additional units will be provided to cover transportation
- o Service is reimbursed on a fee-for-service basis.
- o Unit is defined as fifteen (15) minutes of direct contact service.
- o Rate is inclusive of start-up.
- o No additional funds over the posted rate will be provided.
- o Families can utilize time as needed within the 90-day authorization.

Respite, Self-Hired (SHR) *NJ State minimum wage must be paid for a SHR

Symbol	Unit	Rate
SHR	360 units (90 hours) per 90 days	\$7.06 per unit / \$28.24 per hour*

- o Offered to families who want to recruit and hire their SHR worker of choice.
- o Provides social and recreational experiences to youth in or outside of their homes in the community.
- o SHR worker must be at least eighteen (18) years of age.
- o SHR worker may be a member of the youth’s household, but not the youth’s immediate caregiver. An immediate caregiver includes, but is not limited to, a youth’s parent (or resource parent), guardian or other legally responsible relative.
- o Families must ensure that their employment of the SHR worker is consistent with all State and Federal requirements and that the SHR

worker has a Tax Identification Number (TIN) or an Individual Tax Identification Number (ITIN).

- SHR worker is responsible for reporting all earned income and paying any/all applicable State and Federal income tax withholding and employment-related taxes in compliance with all State and Federal requirements in a timely manner.
- Families pay the SHR worker directly and submit paperwork, in support of reimbursement, to the provider on a monthly basis.
- Monthly paperwork must include the following three (3) items:
 1. Number of SHR service hours provided.
 2. Copies of SHR worker's progress notes/daily log.
 3. Amount of the SHR stipend to be reimbursed.
- Providers must provide training to the SHR worker to ensure they are aware of and have access to the provider agency's expertise. The form of training is left up to the provider.
- Families are responsible for providing and arranging transportation. If the provider chooses to offer transportation the cost must be included in the posted rate.
- Service is reimbursed on a fee-for-service basis.
- Unit is defined as fifteen (15) minutes of direct contact service.
- Rate is inclusive of start-up.
- No additional funds over the posted rate will be provided.
- Families can utilize time as needed within the 90-day authorization.

Respite, Overnight (OVR)

Symbol OVR	Unit 1 overnight (maximum 14 overnights in a rolling 365-day	Rate \$155 per night
---------------	---	-------------------------

- Allows youth to stay overnight in a safe, short-term alternate living arrangement.
- Must be provided in a licensed facility with round-the-clock supervision and care.
- Services may not take place in a hotel, or any facility not licensed by a New Jersey State Department i.e., DCF, DHS or Department of Health.
- Families are responsible for providing and arranging transportation. If the provider chooses to offer transportation the cost must be included in the posted rate. Providers may not bill families directly for transportation costs. Providers must notify families if transportation is being billed as part of the authorization as no additional units will be provided to cover transportation.
- Copies of the following four (4) documents must be submitted for each individual site:
 1. Certificate of Occupancy
 2. Fire and Health Certificates
 3. Lease, Mortgage, or Deed
 4. Office of Licensing Certificate – site inspection is required
- Service is reimbursed on a fee-for-service basis.
- Unit of service is defined as one (1) overnight.
- Rate is inclusive of start-up.
- No additional funds over the posted rate will be provided.

FSS Respite services are authorized based on the family's relative need and the availability of resources. A family may be authorized to receive one (1) FSS Respite service at a time, with the exception of the possibility to add OVR.

Provider Responsibilities:

Assign Status

Providers to whom the youth was assigned in CYBER under the provider's FSS Link page, shall change the Assign status to Review, Schedule, Admit or Not Accept, for all youth in their FSS Link in consecutive descending order.

- a. **Review**: This status is used to review the referral and prior to initially contacting the family. Selecting Review status pulls the referral off other provider's FSS Link and prevents multiple providers from contacting the family at the same time. Providers shall contact the

family within three (3) business days of placing youth in Review. If the status is not changed to Schedule, Admit, or Not Accept within three (3) business days the system will automatically place the status back to Assign and the referral into the FSS Link of all matched providers.

- b. **Schedule**: This status is used during the intake process and should only be selected once an admission date has been scheduled. If the status is not changed to Admit or Not Accept within thirty (30) calendar days, the system will automatically place the status back to Assign and the referral into the FSS Link of all matched providers.
- c. **Admit**: This status is used when a provider is ready to begin service. It admits the youth to the FSS Respite service, opens a thirty (30) day authorization for the Respite Intake Assessment and a ninety (90) day authorization for FSS Respite services. Providers should not begin providing services before placing youth in Admit status. Selecting Admit status places the youth on the provider's Census in Cyber. The provider's Census tab in Cyber lists the youth authorized for services.

Providers shall develop a Respite Service Plan with the family within three (3) business days of placing youth in Admit status. The assessment can be completed concurrently with ongoing service; therefore, preventing any delay in service delivery. Once admitted, providers are expected to use the FSS Link to:

- o Monitor unit usage.
- o Request reauthorization of service within thirty (30) days after the end of each ninety (90) day authorization to avoid a disruption in service.
- o Confirm youth's FSS Application and authorization are active.
- o Discharge youth no longer being served within ten (10) days of exit.

Not Accept: This status is used when a youth is deemed not appropriate for the FSS Respite service or vice versa. Documentation as to why the youth was not accepted is required. The youth is permanently removed from that provider's FSS Link and the system automatically places the status back to Assign linking the youth to other matched providers.

Intake Requirements

Providers shall inform families at intake of:

- a. The mandated reporting responsibilities regarding:

- o Suspected abuse and neglect against a youth under eighteen (18) years of age to the Division of Child Protection and Permanency (DCP&P) at: 1-877-NJ-ABUSE (652-2873).
- o Suspected abuse, neglect, or exploitation of a vulnerable adult eighteen (18) years of age or older to the appropriate county office of Adult Protective Services (APS).

APS County Offices: [Division of Aging Services | County Adult Protective Services Offices \(nj.gov\)](#).

APS Home Page:

<https://www.nj.gov/humanservices/doas/services/a-k/aps/>

For emergencies / after-hours contact 911 or local police.

- o Reporting every related accident, incident, or unusual occurrence involving staff, SHR workers, youth and/or families to CSOC and the Universal Incident Management Reporting System (UIR), pursuant to Administrative Order 2:05 and related Addenda:
<https://www.nj.gov/humanservices/staff/opia/cimu/>
- b. The grievance procedure established by the provider agency.
- c. Their access to records upon request and within statutory authority.

Protocols

Providers shall:

- a. Demonstrate the ability to conform with and provide FSS Respite services under all protocols, including documentation and timeframes, established by CSOC, and managed by PerformCare including the proper use of the FSS Link.
- b. Comport with the program, administrative and fiscal procedures that result in the timely provision of appropriate services, accurate invoicing, and correct payments.
- c. Provide authorized services within thirty (30) days of authorization or inform PerformCare of the reason for delay.
- d. Submit accurate invoices within thirty (30) days of the date of service delivery or inform PerformCare of the reason for delay.
- e. Limit their billing procedure to receive payment for only the unit of service(s) authorized to and received by the specified youth.
- f. Make available to DCF and/or its agents, at all reasonable times and places, the following if requested: documentation in provider's records which will enable DCF and/or its agents or designee to

verify that each service was rendered and to verify that each charge and billing was properly submitted prior to payment.

- g. Terminate their billing procedures promptly when the family informs them their service(s) are no longer being requested.
- h. Notify CSOC within five (5) business days of occurrence of permanent loss, temporary suspension, or probationary status of all qualifying credentials i.e., licenses, certifications, accreditations, insurance, and/or changes in executive director, name of agency, address, telephone number or contact person.
- i. Contact CSOC in the event of a Corporate Relocation/Acquisition. Prior to changes, providers must send a signed and dated notice to CSOC. The notice must be on agency letterhead and include the agency name; from/to addresses and/or new company name, as applicable; reason for action; and effective date. It must also state whether the FEIN (Federal Employer Identification Number also known as the EIN, Employer Identification Number) has changed. If a FEIN or EIN change occurred, a new contract will be developed. Note: CSOC Medicaid staff will be notified, and a new NJ FamilyCare/Medicaid Provider Application may be requested.

Documentation Requirements

Providers shall maintain:

- a. Respite Service Plans for each youth served using either their own format or one of the sample service plans CSOC offers for their consideration and use at: [Insert Link].

Respite Service Plans shall document:

- o The reasons for services.
- o The goals to be achieved through services.
- o The initial schedule for allocation of service hours.
- o The dates of service and number of service hours received.
- o The type of services provided.
- o The results of at least a quarterly review of each Respite Service Plan.

- b. Progress notes for each discrete contact with each youth using either their own format or the sample progress notes/daily log CSOC offers for their consideration and use at: [Insert Link].

Progress notes shall document:

- o The number of service hours provided and the amount of any SHR stipend to be reimbursed.
- o A brief description of each service visit.

- The worker's daily log of the youth's behaviors and activities, and any concerns or successes.
 - How the defined goals stipulated in the youth's Respite Service Plan were addressed.
- c. Documentation that family members have been informed of:
- Their rights and the provider agency's policies and obligations.
 - Contact phone numbers for the worker and a supervisor.
- d. Documentation of information about the youth's:
- Rights and behavior obtained from the families.
 - Interests.
 - Limitations on service and/or activities.
- e. Documentation of all crisis and/or emergency situations that occur during the provision of the services, including a summary of action taken and resolution of the situation.

Reporting and Notification Requirements

Providers shall adhere to the following:

Annual Documents: Providers are expected to submit yearly 'FSS Respite Annual Contract Checklist Documents' to maintain the integrity of their contract and ensure all required documents remain valid. CSOC Contract Administrators will send a reminder email to the FSS Respite program lead and/or designated alternate. A submittal due date will be included. Failure to submit the requested documents by the due date provided may result in the deactivation of FSS Respite services.

Closing Services or Sites: Prior to permanently or temporarily closing a FSS Respite service, providers must send a signed and dated sixty (60) day notice to CSOC and the impacted families. The notice to CSOC must be on agency letterhead and include the service name; site address; reason for closure; effective date; and anticipated reopening date, if applicable. Closed FSS Respite services will be deactivated in Cyber/FSS Link.

Service Site Relocation: Prior to relocating a FSS Respite site, providers must send a signed and dated notice to CSOC and the impacted families. The notice to CSOC must be on agency letterhead and include the service site name; from/to addresses and/or new service site name, as applicable; reason for relocation; and effective date. A new FSS Program Component Form must

also be submitted to CSOC for approval. Additional Requirements: New AAS and OVR sites must submit copies of the site's certificate of occupancy, health/fire certificates, and lease, mortgage, or deed. An Office of Licensing certificate is also required for OVR sites. Sites will not be authorized to provide services until all requested documents are submitted to and approved by CSOC.

New Services: Prior to opening a new FSS Respite service, providers must send a FSS Program Component Form to CSOC for approval. Additional Requirements: New AAS and OVR sites must submit copies of the certificate of occupancy, health/fire certificates, and lease, mortgage, or deed. An Office of Licensing certificate is also required for OVR sites. Sites will not be authorized to provide services until all requested documents are submitted to and approved by CSOC.

- 9) **The service modalities required for this program initiative are:**
 - a. **Evidence-Based Practice (EBP) Modalities:** N/A
 - b. **DCF Program Service Names:** FSS Respite
 - c. **Other/Non-Evidence-Based Practice Service Modalities:**
N/A
- 10) **The type of treatment sessions required for this program initiative are:** N/A
- 11) **The frequency of the treatment sessions required for this program initiative are:** N/A
- 12) **Awarded respondents are required to communicate with Parent/Family/Youth Advisory Councils, or to incorporate the participation of the communities the providers serve in some other manner:** N/A
- 13) **The professional development through training, supervision, technical assistance meetings, continuing education, professional board participation, and site visits, required for this program initiative are:**

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

Training Required for all those providing services:

- a. Agency Policies and Emergency Procedures.
- b. Child and Adolescent Development Milestones, Identifying Needs and Strengths.
- c. Cultural Competency.
- d. CPR and First Aid.
- e. Infectious Disease Control.
- f. Recognition and Reporting of Abuse and Neglect.
- g. Interpersonal Communication and Effective Listening.
- h. Limit Setting and Boundaries.
- i. Conflict Resolution.
- j. Impulse Control and Anger Management.
- k. Reduction of Seclusion and Restraint Use.
- l. Positive Behavior Supports.
- m. Crisis Management: Prevention, Recognition, and Intervention.
- n. Health Insurance Portability and Accountability Act (HIPAA).
- o. Confidentiality and Ethics.
- p. Danielle's Law.
- q. Functional Behavior Assessment activities as well as how to implement proactive intervention plans.
- r. Nurtured Heart Approach.

Training Required for Self-Hired Respite Workers ONLY:

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

- a. Agency Hours of Operation.
- b. Agency Contact Person.
- c. Overview of Responsibilities and Expectations.
- d. Emergency Procedure Plan.
- e. Recognition and Reporting of Abuse and Neglect.
- f. HIPAA.
- g. Danielle's Law.

Providers may access the CSOC training site and staff and SHR workers may attend CSOC offered training(s), which are free of charge.

<http://nj.gov/dcf/providers/csc/training/> Staff and SHR workers may receive training in the required topics from any other appropriate source. Many providers have their own curriculums and train staff and SHR workers in-house.

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

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

- 1) **The program initiative's service site is required to be located in:**
Anywhere in New Jersey
- 2) **The geographic area the program initiative is required to serve is:**
Statewide or the geographic areas in New Jersey selected by the provider.
- 3) **The program initiative's required service delivery setting is:**
Agency Site, Family Home, and/or Community
- 4) **The hours, days of week, and months of year this program initiative is required to operate:**
In accordance with the schedule arranged by providers and the families they serve.
- 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?**
N/A
- 6) **Additional flexible hours, inclusive of non-traditional and weekend hours, to meet the needs of those served?**
Yes, if requested and need can be met.
- 7) **The language services (if other than English) this program initiative is required to provide:**
None, but respondents who can demonstrate the capacity to provide FSS Respite services to non-verbal and/or non-English speaking individuals are encouraged to apply.
- 8) **The transportation this program initiative is required to provide:**

None; however, if a provider chooses to offer transportation to a youth to the FSS Respite service site, it cannot be billed for, and must be included in the posted rate.

9) **The staffing requirements for this program initiative, including the number of any required FTEs, ratio of workers to youth, shift requirements, supervision requirements, education, content knowledge, credentials, and certifications:**

Providers shall:

- a. Be responsible for the safety and welfare of the youth they serve.
- b. Document on-site that every FSS Respite worker it hires for all services and/or reimburses under a SHR program, shall:
 - o Attend and participate in all required trainings.
 - o Maintain progress notes with a brief description of each service visit.
 - o Maintain a log on the youth's behaviors and activities.
 - o Obtain permission from the family for all activities.
 - o Obtain a Tuberculin Skin (TB) test that results in medical clearance to provide services. Note: FSS Respite staff and SHR workers may obtain a TB test from multiple sources: private physicians, Federally Qualified Health Center (FQHC), county health department, clinics in local hospitals, and some select pharmacies. FQHC charge using a sliding fee scale, based on income and ability to pay; county health departments are generally free, and select pharmacies charge a set fee. It is the family's responsibility to obtain proof of completion from their SHR worker and send the provider a statement that the SHR worker has completed the TB test and is able to work. The provider shall keep this statement for its own records. The family shall not send the actual medical records, which are Protected Health Information (PHI), to the provider.
 - o Complete NJ State and Federal Criminal History Record Information (CHRI) background checks with fingerprinting now and every two (2) years thereafter. All staff and SHR workers rendering services to youth for whom CSOC is providing financial support are required to have fingerprint background checks. CSOC will send providers an information packet with the appropriate steps for the fingerprinting background check process. The cost of the fingerprinting background check will be paid for by DCF. The provider will be responsible for ensuring staff and SHR worker clearance and maintaining a record of the

background checks by accessing the DHS records as described in the informational packet provided by CSOC.

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

Providers shall:

- a. Ensure that the names of all FSS Respite staff, SHR workers, volunteers, and consultants that provide services to youth with DD shall be checked against those names in the 'Central Registry of Offenders Against Individuals with Developmental Disabilities' as required by N.J.S.A. 30:6D-73 et seq. Providers not registered to access the Central Registry may seek CSOC's assistance to facilitate the registration. Additional information can be found at: http://www.state.nj.us/humanservices/staff/opia/central_registry.html
- b. Comply with requirements to report suspected abuse, neglect, or exploitation against:
 - o A youth under eighteen (18) years of age to DCP&P at: 1-877-NJ ABUSE as set forth in N.J.S.A. 9:6-8.10
 - o A vulnerable adult eighteen (18) years of age or older to the appropriate county office of Adult Protective Services (APS) as set forth in N.J.S.A. 52:27D-406 to 426
- c. Complete a report for every accident, incident, or unusual occurrence involving staff, SHR workers, youth and/or families and send the report to CSOC and the UIR, pursuant to Administrative Order 2:05 and related Addenda: <https://www.nj.gov/humanservices/staff/opia/cimu/>
- d. Comply with Danielle's Law, which requires anyone who works directly with youth with DD or traumatic brain injury to call 911 in life-threatening emergencies: <https://www.nj.gov/humanservices/ddd/providers/staterequirements/danielle/index.shtml>
- e. Protect the confidentiality of youth information as required by HIPAA, the Federal Law that establishes privacy standards for PHI held by "covered entities" (health plans, health care clearinghouses, and most health care providers). The implementing regulations at 45 C.F.R. Parts 160 and 164 (known as the "Privacy Rule") issued by the U.S. Department of Health and Human Services provide standards for the use and disclosure of PHI. PHI refers to individually identifiable health information transmitted or maintained by a covered entity or its business associate. Health information is any information that "relates to the past, present, or future physical or mental health or condition of an individual; the provision of health

care to an individual; or the past, present, or future payment for the provision of health care to an individual.” 45 C.F.R. 160.103.

- f. Maintain status as a provider of FSS Respite services by complying with all applicable federal, state, and local laws, rules and regulations regarding licenses, certifications, accreditations and/or other credentialing entities.
- g. Submit a Corrective Action Plan (CAP) as requested by CSOC when it is determined that a provider is not in compliance with the requirements of this RFQ and CSOC policies and procedures related to the services. CSOC may take additional appropriate actions against the provider, including, but not limited to:
 - 1. Suspension of referrals to the provider.
 - 2. Transfer of the provider’s current census.
 - 3. Referral of the provider to other certifying or licensing agencies or organizations, including, but not limited to, applicable licensing boards, NJ FamilyCare/Medicaid, the NJ Department of Treasury (Treasury), or any other governmental entity that may be impacted by the inability or failure of the provider to substantially meet CSOC’s policies and procedures related to services.

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

Providers shall be available via phone to address urgent policy and procedure issues and/or provide support and must respond to all emails and phone calls within one (1) business day. Providers should also have at least one (1) person on staff to handle emergency calls outside of regular business hours.

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

13) **The data collection systems this program initiative requires:**

Providers shall meet all MIS specifications as provided by CSOC and its designated agents.

14) **The assessment and evaluation tools this program initiative require:**

As part of its continuous quality improvement program, CSOC conducts announced and unannounced record and/or site reviews. As a condition of the FSS Respite contract, providers are required to submit to such reviews.

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

1) **The evaluations required for this program initiative:** N/A

2) **The outcomes required of this program initiative:**

FSS Respite services will allow families to improve the nature of their caregiving activities through attendance at training events and educational programs that will increase their ability to become experts in handling the challenges of caring for a special needs youth.

3) **Required use of databases:**

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

- **Operating Systems:** The following are recommended:
 - Microsoft: Microsoft Windows (versions supported by Microsoft are preferred, such as Windows 10 or Windows 11).
 - Mac: Apple macOS (versions supported by Apple are preferred, such as Catalina, Big Sur, Monterey, and Ventura).
 - ChromeOS (used with Chromebook).
 - Android operating system.
- **Browsers:** For the best user experience, set browser to 100%.
 - Microsoft Edge.
 - Google Chrome.
 - Mozilla Firefox.
 - Apple Safari.
 - With the release of CYBER 2.0, **CYBER is no longer compatible with Internet Explorer.**
 - [Browser Compatibility Update \(PDF\)Opens a new window.](#)
 - Your browser must have the Transport Layer Security protocol version 1.2 (TLS 1.2) enabled.
- **Memory:**
 - 2GB RAM minimum; 4GB RAM highly recommended.
- **Monitor:** Please note that CYBER 2.0 screens are optimized for use with a computer, laptop, or full-size tablet.
 - Display scale: 100% (recommended).
 - Display resolution: The largest resolution recommended in the display settings (commonly 1024 x 768).

4) **Reporting requirements:** N/A

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.

Location to be served:

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:

Section III - Documents Requested to be Submitted with This Response

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

Documents Requested to be Submitted in Support of This Response. Each of these two (2) sections must be submitted as a separate PDF, which would be the second and third PDF submission in your response packet.

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

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

- 1) A description of how your **Accounting System** has the capability to record financial transactions by funding source, to produce funding source documentation, authorization to support all expenditures, and timesheets which detail by funding source how the employee spent their time, invoices, etc.
- 2) **Affirmative Action Certificate:** Issued after the renewal form [AA302] is sent to Treasury with payment.
Note: The AA302 is only applicable to new startup agencies and may only be submitted during Year One (1). Agencies previously contracted through DCF are required to submit an Affirmative Action Certificate.
Website: https://www.state.nj.us/treasury/contract_compliance/
- 3) **Agency By-Laws -or- Management Operating Agreement** if a Limited Liability Corporation (LLC) or Partnership
- 4) **Statement of Assurances** signed and dated.
Website: <https://www.nj.gov/dcf/providers/notices/requests/#2>
Form:
<https://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc>
- 5) Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of either the Board of Trustees of a nonprofit organization, **Board of Directors** of a corporation, the **Managing Partners** of a Limited Liability Corporation (LLC)/Partnership, or the **members** of the responsible governing body of a county or municipality. This is not applicable for sole proprietors.
- 6) For Profit: **NJ Business Registration Certificate** with the Division of Revenue (see instructions for applicability to your organization).
Website: <https://www.nj.gov/treasury/revenue/busregcert.shtml>
- 7) **Business Associate Agreement/HIPAA** - Sign and date as the Business Associate.

Form:

<https://www.nj.gov/dcf/providers/contracting/forms/HIPAA%20Business%20Associate%20Agreement%209.6.24.pdf>

- 8) **Your Organization's Conflict of Interest Policy** (not the DCF Conflict of Interest Policy).
- 9) **Corrective action plans or reviews** in process or completed by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two (2) years.

If applicable, a copy of the corrective action plan should be provided and any other pertinent information that will explain or clarify the respondent's current position under the corrective action plan and remedial measures implemented.

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

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

10) **Certification Regarding Debarment**

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

11) **Disclosure of Investigations & Other Actions Involving Respondent**

Form:

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

Note: Enter FSS Respite as the Bid Solicitation and your agency name as the Vendor. Read carefully. For Part 1: Complete fields. Part 2: Use the text box arrows to answer each question. Part 3: Complete only if applicable. A signature and date are required.

12) **Disclosure of Investment Activities in Iran**

Form:

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

Note: Enter FSS Respite as the Bid Solicitation and your agency name as the Vendor. Read each statement carefully and do not check both options. Pay attention to the 'or' statement. A signature and date are required.

13) **Ownership Disclosure Form**

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

Form:

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

The Ownership Disclosure form must be completed and returned by non-profit and for-profit corporations, partnerships, and limited liability companies. The failure of a for-profit corporation, partnership, or limited liability company to complete the form prior to submitting it with the response shall result in rejection of the response. **Note:** Enter your agency name as the Vendor. Read carefully and do not select Yes for all statements. Pay attention to the 'If you entered Yes' statements and complete sections, as applicable. No signature is required.

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

Form:

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

Note: Read carefully and do not select all options. Pay attention to the 'or' statements. Complete all requested fields. A signature and date are required.

15) **Source Disclosure Form** (Disclosure of Source Location of Services Performed Outside the United States)

Form:

<http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf>

Note: Enter FSS Respise as the Bid Solicitation and your agency name as the Vendor. Read carefully. For Part 1: Select one option. Part 2: Complete only if applicable. A signature and date are required.

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

Website:

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

Helpline: 1-866-606-8220

17) **Certificate of Incorporation**

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

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

- Sign and date as the provider

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

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

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

[2006 Federal Accountability & Transparency Act (FFATA)]
Form: <https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf>

21) **Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child standards -**

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

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

Sign and date as the provider

SLD Form:

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

Individual Provider Agreement:

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

State Entity Agreement:

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

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

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

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

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

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

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

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

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

- 1) [Program Description Form](#) that specifies its statement of purpose and describes the overall approach to service delivery and family involvement.
- 2) Three (3) **Letter(s) of Support** from community organizations with which you already partner. Letters from any New Jersey State employees are prohibited.
- 3) **Summary of Reduction of Seclusion and Restraint Use** (maximum 3 pages) describing policies adopted and the practices implemented to achieve this goal.
- 4) A **Training Curricula Table of Contents** for the current and proposed workers consistent with the requirements described and certified to in the Activities Requirements of the Required Performance and Staffing Deliverables of this RFQ.

Section IV - Response Screening and Review Process

A. Response Screening for Eligibility, Conformity, and Completeness:

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

- 1) The response was received prior to the stated deadline.
- 2) The Statement of Acceptance is signed by the person with the necessary authority to execute the agreement.
- 3) The response is complete in its entirety, including all documents requested to be submitted in support of the response listed in Section III. A. and 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 required by the applicable law to be submitted with the response, such as the Ownership Disclosure Form. **If the documents are not then timely submitted in response to that notice, the response may be rejected as non-responsive.**

4) The response conforms to the specifications set forth in the RFQ.

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

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

B. Response Review Process:

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

DCF reserves the right to reject any response when circumstances indicate that it is in its best interest to do so. DCF's best interests in this context include, but are not limited to, the State of New Jersey'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 New Jersey state contracts, policies and procedures, or New Jersey state or Federal laws and regulations.

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

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

C. Appeals:

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

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

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

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

Section V - Post Award Requirements

A. General Conditions of Contract Execution:

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

An awarded respondent shall be required to comply with the terms and conditions of the 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
<https://www.state.nj.us/dcf/providers/contracting/forms/>.

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

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

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

Post-Award Documents Prerequisite to the Execution of All Contracts

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

Form:

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

Policy:

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

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

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

- 3) **Attestation Form for N.J.S.A. 30:1-1.2b** - Complete, sign and date as the provider.

Form: <https://www.nj.gov/dcf/providers/contracting/forms/Attestation-of-DCF-Contractors-Required-by-N.J.S.A.-301-1.2b.pdf>

Note: Read each statement carefully and do not check all options. Pay attention to the 'or-either-and' statements. A signature and date are required.

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

Bond must be at least 15% of the full dollar amount of all NJ State contracts for the current year when the combined dollar amount exceeds \$50,000. The \$50,000 threshold includes fee-for-service reimbursements made via NJ FamilyCare/Medicaid.

If not applicable, respondent must submit a signed/dated written statement on agency letterhead stating they will not exceed \$50,000 in combined NJ State contracts for the current year.

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

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

- 5) **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 (if applicable).

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

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

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

7) **Standardized Board Resolution Form**

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

Note: Enter FSS Respite as the Contract #. Enter for start/end dates (period/to). Form requests 2 signatures. If you do not have a Chairperson/Board of Directors enter NONE on that line. Enter names of all authorized signatories with titles. Select option A or B **do not** check all boxes or select option C. If B is selected, a date is required.

8) **Program Organizational Chart**

Should include agency name & current date.

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

9) **Agency Data Information Form**

Typed forms must be submitted. Handwritten forms and/or forms with missing or inaccurate information will be returned to the provider for corrections. A template will be provided by your Contract Administrator, if applicable. Providers should tab through the form fields to ensure all required data is entered. The form must be signed and dated. Note: For multi-year contracts, the contract number(s) will remain the same for the duration of the contract term. A new contract number will not be issued until the contract is renewed or modified, if applicable.

10) **Program Component Form**

Typed forms must be submitted. Handwritten forms and/or forms with missing or inaccurate information will be returned to the provider for

corrections. A template will be provided by your CSOC Contract Administrator, if applicable. Providers should tab through the form fields to ensure all required data is entered.

FSS Note: Each FSS Respite site and service type (AAS, AHR, AWR, SHR, OVR) must have its own form and identifying name. Providers that offer the same service in multiple locations (i.e., one agency has four different AAS sites in Cyber) must submit a separate form for each.

C. Reporting Requirements for Awarded Respondents:

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

1) Significant Events Reporting:

Awarded respondents are required to timely report to DCF about Significant Events relevant to their agencies and contracts. 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 or EIN; (7) Corporate Address; (8) Program Closures; (9) Program Site locations; (10) Site Accreditations (TJC,COA,CARF); (11) the contents of the submitted Standard Board Resolution Form; (12) Debarment and SAM status; and (13) the existence and status of Corrective Action Plans, Audits or Reviews by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities.

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

Policy:

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

Website:

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

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

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