NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

REQUEST FOR PROPOSALS

FOR

GROUP HOME LEVEL 1 FOR YOUTH WITH INTELLECTUAL / DEVELOPMENTAL DISABILITIES

Publication Date: February 24, 2023

Response Deadline: April 19, 2023, by 12:00 P.M.

Funding of $7,465,329 available in state funds

There will be a Non-Mandatory Virtual Conference on:

March 15, 2023, 11:00AM - 1:00PM

The link to register 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. Pre-Response Submission Information:

There will be a Non-Mandatory Virtual Conference for all respondents held on **March 15, 2023, at 11:00am-1:00PM**.

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
+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 the Department directly, 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 submitted by 12 PM on March 17, 2023**. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP and reference the page number and section number to which it relates. All inquiries submitted should reference the program name

appearing on the first page of this 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/

B. Summary Program Description:

The New Jersey Department of Children and Families' (DCF) Children's System of Care (CSOC), announces its intent to award a contract for Group Home Level 1 Services for Youth with Intellectual/Developmental Disabilities (GH1-IDD).

Six (6) GH1-IDD homes consisting of 5-beds each (total of 30 beds) will be awarded. Up to six (6) awards are available. A successful respondent will be permitted up to three (3) awards, or no more than three (3) 5-bed programs (15 beds).

Respondents are advised that each of the six (6) homes must accept youth from all areas of the state. The homes serving these youth are to be located in three (3) regions: 1) the Northern Region (Hunterdon, Warren, Sussex, Morris, Passaic, Bergen, Essex, and Hudson Counties); 2) Central Region (Mercer, Monmouth, Ocean, Middlesex, Somerset, and Union Counties); and 3) Southern Region (Atlantic, Burlington, Camden, Cape May, Cumberland and Gloucester and Salem Counties.)

If a respondent is interested in applying for more than one (1) region, it must submit a separate application for each region. DCF will award two (2) homes per Region.

CSOC contracted programs utilize a clinical treatment approach that supports the utilization of evidence-based practices and an approach to service delivery that promotes flexible, individualized treatment and effective utilization of program resources. CSOC continues to develop appropriate resources and services to support individuals with the most significant behavioral challenges. Since 2013, new residential programming has included Intensive Services for Youth with Intellectual Disabilities (I-IDD), Residential Treatment Centers for Youth with Intellectual Disabilities (RTC-IDD), Group Home Level One for IDD (GH1-IDD), and Group Home Level Two for IDD (GH2-IDD), as well as a newer model of care through ten five-bed Crisis Stabilization and Assessment Services (CSAP-IDD) programs. CSOC's goal is to continue to develop a system of services to support individuals in the least restrictive environment and concurrently ensure appropriate treatment and targeted planning to transition individuals out of more intensive and restrictive settings or maintain them in the least restrictive setting.

The goal of I/DD Group Homes is to assist youth with I/DD and challenging behaviors to acquire, retain, and improve the behavioral, self-help, socialization, and adaptive skills needed to achieve improved health and welfare and to realize

their maximum physical, social, psychological, and vocational potential for useful and productive activities in the home and community. Targeted approaches will assist youth in regulating emotional and behavioral responses, developing meaningful relationships, and effectively understanding and expressing their needs to the best of their abilities to support successful transition to less intensive community services.

A successful respondent must demonstrate their ability to provide a comprehensive group applicant home program with a full range of services beyond traditional functional-based interventions and crisis response. Through the use of evidence-based and promising practices, the model shall include 24/7/365 crisis response; comprehensive, coordinated continuum of supports; intensive transition planning; collaboration with key system partners; equitable access for all families; a culturally and linguistically competent team; and an appropriate framework for monitoring and quality assurance.

C. Funding Information:

Each 5-bed program's award is up to $1,184,972.50 annually. The per diem rate per youth is $649.30/day

All services and activities are authorized by CSOC's Contracted System Administrator (CSA), PerformCare, and claims are submitted to and processed by New Jersey's Medicaid fiscal agent, Gainwell Technologies.

The per diem rate is all-inclusive reimbursement for clinical services, social, recreational, and other activities, and the facility and administrative costs to serve the youth. Reimbursement is based on occupancy. CSOC does not guarantee 100% occupancy.

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.

The Department will make available up to $7,109,835 each fiscal year to support contracts for the operation of six (6) GH1-IDD homes consisting of 5-beds each (total of 30 beds). Up to six (6) awards of $1,184,972.50 each are available. The intended start date of this funding period is July 1, 2023, which is the anticipated start date for program services. The end date of the contracts will be June 30, 2028.

Additional one-time funds to pay for permitted start-up costs are available in the amount of up to $355,494 for all six (6) programs. Start-up is available for the three (3) months prior to the contract start date.

Respondents may propose total start-up costs of up to 5% of the contract award amount for each 5-bed program or $59,249. All start-up costs are subject to contract negotiations and DCF approval. Start-up cost funds will be released upon the execution of a finalized contract and are paid via Scheduled Payments.

DCF may reimburse the claimed start-up costs for this program. The anticipated costs required to begin program operations must be entered into the final column of the proposed budget form found at:
https://www.nj.gov/dcf/providers/contracting/forms/ A justification and summary of these costs must be explained in the Budget Narrative. These completed forms 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.*

Matching funds are not required.

The $7,109,835 in annual operating expenses plus $355,494 in one time start-up costs results in a total of $7,465,329 allocated for all six (6) programs. DCF reserves the right to award all or a portion of this amount. Funds awarded for this program may not be used to supplant or duplicate existing funding for other programs.

D. Respondent Eligibility Requirements:

Respondents must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship and in compliance with all terms and conditions of those grants and contracts.

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 will not accept, receive, or consider 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 (N.J.A.C. 10:3).

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 trustees, non-profit, for profit, limited liability company.

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 as soon as feasible but no later than one hundred and eighty (180) days of contract award or the award will be subject to be rescinded. Extensions 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, within forty-five (45) days of contract execution.

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 CSOC, and managed by the 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.

E. Response Submission Instructions:

All responses must be delivered ONLINE on the due date by 12:00 P.M. Responses received after 12:00 P.M. on April 19, 2023, will not be considered.

To submit online, respondent must complete an Authorized Organization Representative (AOR) form. The completed AOR form must be signed and dated by the Chief Executive Officer or designated alternate and sent to DCF.ASKRFP@dcf.nj.gov

Authorized Organization Representative (AOR)
Form: https://www.nj.gov/dcf/providers/notices/requests/AOR.docx

Registered AOR forms must be received not less than five (5) business days prior to the date the response is due. Upon receipt of the completed AOR, DCF will grant the Respondent permission to proceed and provide instructions for the submission of the response. DCF recommends not waiting until the due date to submit your response in case there are technical difficulties during your submission.

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 Required 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; and C. Organizational Supports* D. *Population of Focus and Statement of Need; E. Proposed Program Model and Implementation Approach; E. Staff Recruitment & Retention; G. Proposed Budget*

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 the vulnerabilities that must be targeted for prevention.

CSOC serves children, youth, and young adults with emotional and behavioral health challenges, intellectual/developmental disabilities, substance use challenges, and their families. CSOC is committed to providing these services with an approach that is strength-based, family-focused, culturally competent, healing centered and delivered within community-based environments.

CSOC believes that the family or caregiver plays a central role in the health and well-being of children, youth, and young adults. CSOC involves families/caregivers/guardians throughout the planning and treatment process in order to create a service system that values and promotes the advice and recommendations of the family, is family-friendly, and provides families with the tools and support needed to create successful and sustainable life experiences for their children.

All services within the New Jersey Children's System of Care are expected to function under the aegis of the Wraparound Practice, and the values and principles of the System of Care approach. Providers will also be expected to become familiar with and be trained in the *Nurtured Heart Approach* and *the Six Core Strategies to Reduce the Use of Seclusion and Restraints.*

The awardees in response to this announcement are expected to provide a comprehensive array of therapeutic supports and services to operationalize habilitative community-based group homes that ensure youth with I/DD and challenging behaviors have a stable, safe, familiar, consistent, and nurturing treatment experience. Each home will have dedicated staff, including a program manager and direct care milieu staff, who will interact with the youth within the program on a daily basis. All program staff must hold professional and experiential competencies in the field of intellectual/developmental disabilities and clearly display the capacity to provide appropriate care, supervision, and targeted clinical, behavioral, and self-care interventions to the youth, served in these programs and their family.

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

Admission to GH Level 1- I/DD is limited to New Jersey youth **with intellectual/developmental disabilities (I/DD) with an IQ range of 50-64 (males and females, ages 11-14 and ages 15-19**) who have been determined eligible for CSOC functional services pursuant to N.J.A.C. 3A:40-1.2, and who present with complex, challenging behavior and/or co-occurring mental health conditions. Youth eligible for developmental disability services may have a variety of underlying conditions including but not limited to intellectual disabilities,

Autism Spectrum Disorder, Spina Bifida, Cerebral Palsy, seizure disorder, etc. The youth may also have medical and/or physical needs.

Youth who are considered for admission shall present with challenging behavior(s) of such intensity, frequency, and duration that the youth cannot be consistently managed in their home or in a less intensive treatment setting. Challenging behaviors include, but are not limited to self-injurious, and/or destructive behaviors that do not require medical attention, non-compliance, tantrums/outburst, climbing, wandering, aggression toward care givers, and/or property destruction.

Youth who are non-ambulatory, have multiple medical needs, and/or require a high level of assistance with activities of daily living (ADL) will be considered on an individual basis by the awardee, taking into consideration the dynamics of the current milieu.

The target population requires a wide array of developmentally appropriate interventions for youth ages eleven (11) through twenty (20). The age of youth served is subject to change due to need. The application must address the age population as stated; however, after award, DCF reserves the right and option to permit and require additional or alternate age groups to be served upon appropriate notice and subject to licensing and other legal requirements.

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.

Group Home Level 1 I/DD programs will:

- Assess the immediate needs of the youth and his/her family.
- Engage with the youth so that he/she feels as comfortable as possible in a new setting.
- Provide a safe and nurturing environment with increased support and supervision.
- Provide comprehensive diagnostic assessments that result in an Individualized Service Plan (ISP) that is strength-based, youth-centered, family-focused, and goal-oriented.
- Outline short-term stabilization goals while pursuing plans for long-term stabilization at home or in an alternate out-of-home living arrangement.
- Complete the ISP within thirty (30) days of admission which includes a skill building routine in preparation for the youth's return home or transfer to an alternate out-of-home living arrangement.
- Provide transportation to the program for admission, if needed.

The average duration of services is twelve (12) months. However, dependent upon the unique situation of each youth, the length of stay may be longer or shorter and may range from six to twenty four (6-24) months. The CMO care manager and CSOC's CSA will monitor the length of stay via the Joint Care Review (JCR) process adapted for this program.

All program staff must hold professional and experiential competencies in the field of intellectual/developmental disabilities, especially autism spectrum disorder, as well as mental health and clearly display the knowledge and skills, in particular, therapeutic use of self, necessary to provide appropriate supervision, and targeted clinical, behavioral, and self-care interventions via a variety of service delivery models that promote persistence and creativity of program staff, in contexts relevant and meaningful to the youth and their families.

It is the responsibility of the awardee respondent to provide services in accordance with the New Jersey State Board of Social Work, State Board of Psychological Examiners, State Board of Medical Examiners, State Board of Nursing, State Boards of Marriage and Family Therapy Examiners, Professional Counselors Examiners Committee, Occupational Therapy Advisory Council, Audiology and Speech-Language Pathology Advisory Committee for licensure regulations. These guidelines are not to be interpreted as comprehensive of each staff member's total responsibilities. Respondents agree that by accepting this RFP and applying for this funding, they shall meet or exceed the following requirements during the term of the contract.

Staff Screening

Successful 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 now 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.

Successful respondents must ensure that all staff complete a TB Skin Test. Staff rendering in-home services are required to pass a TB Skin Test. Do not send protected health information; Respondents shall record and maintain records of staff on file in the respondent office available for review and audit upon reasonable notice.

In addition, provider agencies must comply with N.J.S.A. 30:6D-73 et seq. Central Registry of Offenders Against Individuals with Developmental Disabilities. Agencies must ensure that the names of all agency employees, volunteers, consultants, and IIH Clinical services providers that provide services to youth with I/DD will be checked against those names in the central registry. Additional information can be found at:

http://www.state.nj.us/humanservices/staff/opia/central_registry.html

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

Providers must ensure behavioral support services are provided consistent with the "Applied Behavior Analyst Licensing Act" signed into law on January 13, 2020.

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 applicants and maintain a consistent, highly qualified, and experienced team. Providers of in-home 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

All staff must participate in training in the following areas prior to program implementation:

- Overview of developmental disabilities
- Orientation on program approach: Population served, program model, staffing, deliverables, expected outcomes
- Crisis management including de-escalation techniques and safety planning
- Identifying and reporting child abuse and neglect (Any incident that includes an allegation of child/abuse and neglect must be immediately reported to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ ABUSE in compliance with NJSA 9:6-8.10)
- American Red Cross Standard First Aid Training (with valid certificate on file)
- Cardio-Pulmonary Resuscitation Training (with valid certificate on file)
- 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 C.F.R. (Parts 160 and 164) was enacted to establish national standards for privacy and security in handling health-related information.

- Suicide Prevention
- Medication Protocols
- Danielle's Law

All staff must participate in training in the following areas within three months of onboarding:

- CSOC core approaches
- Nurtured Heart Approach
- Six Core Strategies for Reducing Seclusion and Restraint Use Positive Behavioral Supports
- Multi-cultural effectiveness and service competency
- Motivational interviewing
- Orientation to family systems approach
- Infusing trauma informed care

Professional staff must participate in training in the following areas within three months of onboarding within their discipline*:

- Evidence-based approaches and promising practices for youth with IDD challenges and their families focused on:
    - Emotional and behavior regulation
    - Optimizing activities of daily living
    - Connection and engagement in the community
    - Caregiver support and services
    - Leveraging natural supports to optimize treatment

* Documentation of training can be used in lieu of additional training

Note: A significant number of required trainings are offered by the DCF contracted training and technical assistance provider. Providers may access the DCF CSOC training site and staff may attend offered training(s) which are funded by the DCF and are at no cost to the providers. Staff may receive training in the required topics from any other appropriate source. Many agencies have their own curriculums and train staff in-house.

Treatment Process and Team Structure

GH1-IDD services will be provided by the following therapeutic team of professionals:

- Program Manager will oversee the clinical and operational aspects of the program.
- Licensed behavioral health clinician(s), (LPC, LCSW, or Licensed Psychologist)
- BCBA and Behavioral Technician
- Medical staff (RN)
- Psychiatrist/APN

- Allied therapist(s)
- Milieu staff dedicated to providing support and supervision to the youth living within the home.

All GH Level 1-I/DD services and interventions must be directly related to the goals and objectives established in each youth's Individual 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 appropriate in the Joint Care Review (JCR).

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: 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 any 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 ISP is an integrated plan of care, which also includes:

- Individual behavioral supports such as Positive Behavioral Supports; Discrete Trial Training (DTT); training/coaching for the youth/young adult and caregivers/staff to meet the individual's behavioral needs
- Referrals for medical, dental, neurological, physical therapy; occupational therapy; sensory integration; speech/language/ feeding or other identified evaluations
- Appropriate augmentative and alternative communication support and functional communication training, such as visual schedules, contingency maps, Picture Exchange Communication System (PECS), wait signal training.

The Functional Behavioral Assessment (FBA) and development of a Behavioral Support Plan (BSP) shall be an integral part of the treatment planning process for youth. Interventions shall include but are not limited to:

- Instruction in learning adaptive frustration tolerance and expression, which may include anger management/emotion regulation
- Instruction in stress reduction techniques
- Problem solving skill development
- Psycho-educational services to improve decision making skills to manage behavior and reduce risk behaviors

- Social skills development
- Instruction and/or assistance in Activities of Daily Living
- Implementation of identified strategies in the individualized Behavioral Support Plan
- Support and training of parent/guardian to successfully implement Behavioral Support Plan, use of Assistive Technology, and other support services as needed in transitioning the youth/young adult back home or to an alternative living arrangement.

CSOC is seeking respondents who will imbue their program design with the system of care philosophy and principles of working within the continuum of care from the acquisition and generalization of behavioral, self-help, socialization, and adaptive skills to the goal of returning home or to an alternate out of home setting. GH Level 1-IDD service providers must be able to safely address complex needs and challenging behaviors related to their intellectual/developmental disability including, but not limited to non-compliance to verbal/written directions, tantrums/outbursts, climbing, darting, wandering, aggression toward caregivers, and/or property destruction.

Providers are required to utilize up-to-date knowledge and evidence-based interventions designed to address the treatment needs of youth with I/DD. Treatment/intervention is provided with the understanding that good mental health and positive relationships are essential to the overall health of the youth. The overriding goal of the GH Level 1-I/DD service is to facilitate adaptive skills, social skills, and life skills so that the youth can live, learn, and participate in their communities with sufficient coping mechanisms.

Services shall include, but are not limited to:

- Comprehensive safety and soothing plans, including but not limited to prevention, de-escalation, intervention, and debriefing
- Implementing behavior intervention strategies and behavior plans
- Modeling interventions with family
- Assistance with identifying necessary environmental adaptations
- Psychiatric treatment services, including routine and emergency psychiatric evaluations, medication evaluations, monitoring and prescription adjustments
- Psychiatric consultation (including input into the clinical component of an individualized treatment plan developed by the multi-disciplinary treatment team)
- Collaboration and coordination with CMO and child family team as required without duplication of services
- Individual and family therapy
- Group and Allied Therapy
- Trauma-informed counseling
- Relationship and Skill-Building

- Structured recreational activities
- Educational and vocational opportunities including linkage to the youth's current school
- Collaboration with the Child Study Team
- Linking and ensuring access to other necessary services, such as psychological testing, vocational counseling, and medical services
- Transition planning for youth sixteen (16) years old and older
- Building system level connections with partners and providers
- Transportation to medical appointments, family visits, community outings, and any other off-site activities as needed

This program must:

- Assess immediate needs
- Engage families to ensure active participation
- Provide comprehensive assessments that result in an Individualized Service Plan (ISP) which is strength-based, youth-centered, family-focused, and goal-oriented. Other assessment tools as indicated; clinicians must be familiar with the array of considerations that would indicate preferred assessment methods over others
- Complete the ISP within thirty (30) days of admission and a skill-building routine and relationship building strategies in preparation for their transition to lesser intensive community services
- Identify and develop family and youth strengths-based strategies within the ISP and foster interests for growth opportunities
- Coordinate educational needs with school districts as needed
- Engage youth and their families in a strength- based and compassionate manner sensitive to cultural and linguistic differences to facilitate feelings of safety and comfort, identify and address behavioral health challenges and stabilize symptoms through evidence-based practices
- Provide comprehensive and collaborative treatment plans that focus on transition planning in collaboration with the Care Management Organization (CMO) through Child Family Team (CFT) meetings that include all team members
- Empower youth and their families to actively participate in the care planning process through responsiveness to youth and family voice
- Engage and support youth's siblings in participating in the care planning process and treatment.
- Outline short-term treatment goals while actively pursuing plans for long-term stabilization
- Provide a consistent and predictable environment with intensive support and supervision in which there is a demonstrative understanding of the explicit and implicit trauma the youth may have experienced
- Provide interventions that reflect CSOC's commitment to

Wraparound, the Nurtured Heart Approach and Six Core Strategies to Reduce Seclusion and Restraint
- Provide consistent and robust collaboration with CSOC, CMO, and the Division of Child Protection and Permanency (DCPP) when involved
- Evaluate youth, and their family's progress in meeting treatment goals

Group Home Level 1 I/DD programs are expected to operationalize the principles of individualized, needs-driven, and family-focused care, identify strengths-based strategies, and display sustainable progress throughout the course of treatment. CSOC values an approach to service delivery that promotes the commitment and creativity of professional staff. Group Home Level 1 – I/DD programs must ensure youth have a stable, predictable, familiar, consistent, and nurturing treatment experience. Successful Group Home Level 1 - I/DD programs can recruit and retain staff, maintain consistent and appropriate staffing patterns, utilize program design to support program goals, and ensure full inclusion of family members in the youth's service plan, including the type, scope, and frequency of family involvement in the youth's treatment.

Many individuals exhibit symptoms of Post-Traumatic Stress Disorder (PTSD), which is thought to be significantly under diagnosed in individuals with intellectual/developmental disabilities. While some individuals may exhibit overt symptoms of trauma, others may exhibit 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. Successful respondents must use models of intervention that actively treat underlying trauma and consequent attachment issues.

Key Model Components

The successful respondent will be required to include the following essential elements in their model of care:

- **Engagement of caregivers -** early in the referral process to meet caregivers where they are and incorporate increased family therapy, coaching, and peer support as a critical component of service planning and delivery.
- **Comprehensive Assessment and Treatment Planning –** This process forms the basis for interventions to help youth and their families work towards their vision and achieve sustainable progress. Comprehensive Assessment is a process of engaging with youth and families around gathering clinical and other relevant information to gain an understanding of the needs of a youth and family across life

domains and within applicable contexts. Components important to inform the assessment include presenting needs and related history (onset, duration, course, severity), emotional and behavioral needs, current functioning (across domains for example, education/employment, family, social) youth and family culture, risk and protective (strengths) factors, previous assessments, interventions and diagnosis, youth and family history of behavioral health needs, current medications, medical and developmental history, legal history, exposure to trauma, relationship and attachment needs, goals and needs across domains of social determinants of health. Comprehensive assessment begins with engagement and requires a multidisciplinary and team approach and yields a clinical conceptualization and integrative summary using a biopsychosocial that will inform prioritizing needs and treatment recommendations. Assessment should provide clear context and synthesis of the youth and family's strengths, needs and presentation and should strengthen the engagement of the youth and their family in their story telling process, offering them the opportunity to gain education, perspective, and insight to their unique circumstances and move forward with clear steps designed to help them identify strategies that will ultimately help them feel better.

Treatment planning is the process by which families, providers and teams develop family vision, targeted goals and desired outcomes driven by identified needs as well as the strategies, activities, supports and services necessary to promote progress towards meeting needs, improving relationships, and functioning and maintaining youth at home and connected to school and community. Treatment planning includes safety and self-care planning as well as transition planning from the beginning of a family's involvement with caret. Treatment planning is part of the care planning process grounded in wrap around that includes both informal and formal strategies and supports and cultivates a team approach to care that promotes family capacity to facilitate their own individual team to support them after formal treatment and care management systems have transitioned. Assessment and treatment planning are ongoing throughout care to inform additional areas of need that may arise, progress made, identify what is helpful and inform when additional strategies, services, supports, or team members are necessary.

- **Intensive Transition Planning** – Ensure youth referred to the Group Home Level 1 – I/DD program from highly restrictive settings, such as inpatient treatment and higher intensity settings, including but not limited to Crisis Stabilization and Assessment Programs (CSAP-IDD), Intensive Residential Services for Intellectual and Developmental

Disabilities I-IDD, receive a coordinated and comprehensive step-down plan focused on preventing readmission into a highly restrictive setting.

- **Comprehensive, coordinated continuation of supports** between multi-disciplinary services, which ensure a therapeutic environment in the group home setting
- **Highly individualized services** offering a combination of face-to-face, virtual, and technology integrated services.
- **Behavioral support and treatment including Applied Behavioral Analysis (ABA),** Functional Behavioral Assessment and development of a Behavioral Support Plan, Positive Behavioral Supports, and developmental, individual differences and relational approaches.
- **Individual and family therapy** by staff trained in evidence-based practices, including Cognitive Behavioral Therapy, Motivational Interviewing, and Trauma-Informed Care, multiple times a week in person and virtually, depending on the family's needs and preferences.
- **Collaboration with key system partners**, including CMO, FSO and DCPP, when appropriate to identify transition and treatment gaps (continuation of care) to ensure services and supports are appropriately in place before transition. Consistent participation in Child Family Team is required.
- **Coordination of services** to ensure linkages and relationships with community partners for ensure coordination of ongoing care, Family Support Services and development of cross-systems crisis planning.
- **Speech and occupational therapy** to include a sensory integration lens that compliments but does not supplant, educational services.
- **Equitable access for all families** requires a targeted and sensitive approach to support families who may not have an enhanced natural support system to ensure successful engagement and transition back to the family environment.
- **Culturally and linguistically competent team** that is responsive to youth and their families.
- **Holistic, integrated care,** including psychiatric assessment, medication management, nursing evaluations, health and wellness education, nutritional planning, exercise coaching, and health and wellness treatment.
- **Workforce Wellness plan** designed to promote staff health and well-being, including availability of supports and resources to support job satisfaction and work-life balance.

Program referrals & authorization for services

Ability to conform with and provide services under protocols, including documentation and timeframes, established by CSOC, and managed by the Contracted System Administrator (CSA). The CSA is the Division's single point of entry. The CSA facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child-serving systems.

The awardee will be required to utilize "Youth Link" the CSOC web-based out of home referral/bed tracking system process to manage admissions and discharge. Training will be provided.

Each youth receiving Group Home Level 1 – I/DD services shall have an approved, documented service plan developed by the team of credentialed staff individually crafted to address identified needs that impact on the youth's ability to function in the group home setting, school or in the community. The service plan shall identify the services to be delivered. Services shall be subject to prior authorization by the Contracted System Administrator. Successful respondents must conform with and provide services under all protocols, including documentation and timeframes, established by CSOC, and managed by the Contracted System Administrator.

Requests for authorization for service utilization and continuing care shall include justification of the need for the level of service intervention; the frequency of the intervention, and the period of time the intervention is needed. Such justification shall be provided for the initial request, as well as for each request for continued services beyond the initial authorization. All Group Home Level 1 – I/DD services and interventions must be directly related to the goals and objectives established in each youth's Individual Service Plan (ISP)/treatment plan.

Prior to admission the following assessment must be completed:

- The CSOC Children's Adaptive Behavior Summary (CABS) that is no older than six (6) months at the time of admission. http://www.performcarenj.org/pdf/families/form-b-cabs.pdf

Within forty-eight (48) hours of admission the program will:

- Develop an initial safety and self-care plan for each youth. The safety and self-care plan will identify triggers and provide specific interventions for staff and be updated on a regular basis
- Ensure the youth and family members are oriented to all aspects of the program, conducted by both agency staff and current residents
- Complete IMDS Strengths and Needs Assessment
- Complete a nursing assessment and incorporate it into the initial treatment and safety and self-care plan

- Complete a pediatric assessment and report
- Provide the youth and family with copies of the initial safety and self-care plan
- Complete and file all necessary consents and releases

Within ninety-six (96) hours of admission the program will:

- Complete a Biopsychosocial assessment

Within one (1) week of admission the program will:

- Complete a psychiatric assessment and report
- Implement psychiatric assessment recommendations

Within two (2) weeks of admission the program will:

- Conduct a treatment team meeting resulting in a comprehensive treatment, safety and self-care and discharge plan (Individualized Service Plan, ISP) that integrates all of the treatment team's input, assessments, and recommendations. The treatment plan shall contain clearly delineated goals and objectives with specified timelines and benchmarks for success, including a detailed description of the treatment goals that must be attained in order for the youth to be considered discharge ready
- Complete a nutritional screening
- Arrange educational programming
- Complete a Functional Behavioral Assessment and Behavior Support Plan

Within thirty (30) days of admission the program will:

- Complete and submit the ISP to the CSA and obtain CSA approval

Each day the program will:

- Provide comprehensive and well-documented communication regarding significant events, youth behaviors, and other relevant information for each shift
- Convene meetings for change of shifts to relay/monitor the emotional state of each youth
- Ensure that no more than 30% of all youth waking hours will be spent in "milieu" activities
- Engage all youth in structured skill building activities tailored to meet their individual needs
- Participation will be documented daily
- Identify one (1) milieu staff and an alternate on each shift to dispense medication as prescribed. A Registered Nurse will monitor the medication logs daily and provide milieu staff with medication consultation as needed
- Transport youth to medical appointments, family visits, community outings, and any other off-site activities as needed

- Ensure that the Behavior Technician will have daily communication with the House Manager regarding the youth
- Provide all required documentation and activities in accordance with applicable licensing regulations and the Addendum to Administrative Order 2:05, which addresses the reporting of Unusual Incidents

Sixty (60) days prior to discharge the following activities will occur:

- The treatment team will work with the CFT to begin planning for transition immediately upon the youth's admission to the program, as reflected in the initial and subsequent ISP's.
- The treatment team will provide a "step down" action plan those details week-to-week activities supporting a smooth and well-planned transition from treatment. At a minimum, the action plan must include:
    - At least three (3) meetings of the treatment team to discuss youth and family strengths, continuing goals, successful strategies, and potential pitfalls
    - Revised plan for times during the discharge phase when youth and family encounter difficulties that make discharge appear less likely. This plan will delineate critical staff necessary to re-focus, rally, and support the youth and family through discharge
    - Action steps that the youth and family might take to capitalize on successes and achievements that were accomplished during treatment
- For those youth being transitioned home and where a need is demonstrated, Intensive In-Home Habilitative Supports (IIH) or Intensive In-Community Behavior Assistance (IIC-BA) will be built into the community plan. To provide for a seamless transition back home for the youth, the IIH or IIC-BA provider will visit the GH 1-IDD program, approximately two weeks prior to discharge. The IIH or IIC-BA provider will gather information through observation and interaction with the youth and review the youth's clinical records. The Behavior Technician and/or BCBA, and any other treatment team members (nurse, dietician, etc.) will accompany the IIH or IIC provider during the visit. This visit is an introduction for the IIH or IIC-BA provider to the youth prior to going into the home and equips the IIH or IIC-BA provider with a strong understanding of the youth's treatment needs and behavior plan. In particular, this will enable the IIH provider to train the parents/caregiver on the behavior support plan and modify it where needed more quickly. The IIH or IIC-BA provider's familiarity with the family will provide a sense of security and increased confidence for the family.

<u>Unusual Incident Reporting & Management</u>

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/

Reducing the Use of Seclusion and Restraint

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 located at:
https://www.nasmhpd.org/sites/default/files/Consolidated%20Six%20Core%20Strategies%20Document.pdf

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/

Nurtured Heart Approach

The awardee is responsible for participating in the trainings and for the implementation of the Nurtured Heart Approach offered through CSOC Training: https://www.nj.gov/dcf/providers/csc/training/

Implementation of Healing-Centered Care

CSOC is concerned with managing, treating, and preventing trauma that affects many youth. Trauma may affect youth in a multitude of ways, such as disruption in emotional responses, behavior, cognition, physical health, self-concept, and future orientation. There is a higher prevalence of trauma within the population of people with intellectual and developmental challenges than in the general population. Increased isolation, differing abilities, and fewer social opportunities can contribute to low self-esteem/less opportunity to learn about abuse prevention. Successful respondents must ensure safety, predictability, and comfort for this vulnerable population. 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.

Student Educational Program Operations Requirements

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 to be employed to coordinate clinical treatment with educational planning and service delivery
- Daily before and after school communication strategies with school staff, as needed
- Support of student homework, special projects, and study time
- Specific strategies, including responsible staff and timelines, for including families-of-origin and natural supports available to the youth in an educational update, progress, and planning
- Mechanisms to stay abreast of the educational progress of each student
- Problem resolution strategies

All successful respondents must also ensure:

- Immediate and therapeutic responses to problems that arise during the school day
- Coordination of programming or services for students who do not have a summer school curriculum or who have graduated high school, as well as for breaks/vacations
- Planned collaboration with all school personnel ensuring youth remain in school as appropriate

Contract 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.

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

Number of Programs/Locations:

GH Level 1- I/DD IOS will be provided in community-based home-like settings. Six homes consisting of 5-beds each (total of 30 beds) will be awarded. Up to

six awards are available. A successful respondent will be permitted up to three (3) awards, or no more than three 5-bed programs (15 beds).

Each group home will house a target population based on age, gender and GH Level1-I/DD IOS needs. Please note, the initial demographics of the home may change over time at the request of CSOC as the needs for certain genders and age groups change. Each group home must be barrier free, with wheelchair accessible entrance and egress. Youth are not permitted to be transferred between other GH homes in the agency continuum.

CSOC is seeking six (6) five-bed programs for youth with IQ range of 50-64+, broken down by age range, and gender as follows:

One (1) five-bed home Age: 11-14 upon admission Gender: Female
One (1) five-bed homes Age: 15-19 upon admission Gender: Female
Two (2) five-bed homes Age: 11-14 upon admission Gender: Male
Two (2) five-bed homes Age: 15-19 upon admission Gender: Male

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

Bathrooms: Each house within the hub must have at least one (1) bathroom that is ADA compliant or wheelchair accessible and is in accordance with licensing regulations at: N.J.A.C. 10:44A

Languages: Programs are required to provide services to non-verbal, limited English or non-English speaking individuals. The successful respondent must clearly specify the type of services and staff supports that will be provided to meet this requirement.

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:

Of primary importance is the establishment of a multi-disciplinary treatment team with specific and delineated functions. The treatment team **must** include, but is not limited to the following individuals:

- Youth
- Family members
- Natural supports as identified and selected by the youth, and family when possible
- Division of Child Protection & Permanency Case Management entity (if applicable)
- Intensive In-Home Services provider when part of the plan to discharge youth home
- Mobile Response and Stabilization Services (if applicable)
- CSOC care management entity (Care Management Organization)
- Probation (if applicable)
- Psychiatric care provider*
- Nurse (Supervising RN)
- Allied Therapist(s)
- Behavior Analyst (BCBA)

*A psychiatric care provider is a Child and Adolescent Board-Certified Psychiatrist or an Advanced Practice Nurse (APN) with a psychiatric specialty whose Collaborative Agreement describes the population of youth served, the likelihood of complex and/or emergent psychiatric decision making, and the availability of an M.D. for consultation. For the purpose of this RFP, the term "psychiatrist" includes an APN that meets these standards.

All youth will have regular contact with a Registered Nurse and a Behavior Technician supervised by a certified BCBA that is in regular consultation with a psychiatrist. While youth may not receive individualized therapy daily, they will be assigned a therapist who will provide individual, group, and family therapy that may consist of modified treatment strategies depending on youth's developmental stage. The BCBA will however provide daily consultation to the behavior technician, and observation, assessment and intervention when needed in support of the youth, behavior technician and milieu staff.

The following chart outlines the minimum staffing credentials and requirements for a DCF contracted provider of GH1-IDD services. 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.

Ratio Requirements: All youth will be properly supervised; a ratio of one (1) milieu staff for every three (3) youth with a minimum of two (2) awake overnight staff on third shift.

New Jersey Department of Children and Families
Children's System of Care (CSOC)
Group Home Level 1 Intellectual/ Developmental Disabilities (GH 1 IDD)

Minimum Staff Requirements

Position	Qualifications	Other Requirements	Hours
Psychiatrist (75% face to face with youth and/or families)	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	• Complete initial evaluation • An APN may provide ongoing prescription management • Complete a Psychiatric Intake Assessment and report (within the first week) • Initial treatment and safety/soothing plan (within the first 24 hours) • Participate in medication management meetings, monthly /as needed • Clinical visit with each youth, as needed • Provide clinical consultation with family as needed • Attend treatment team meetings, as needed • 24/7 availability by contract •All of the above must be provided in accordance with the DCF Psychotropic Medication Policy • At least 75 % of each clinical hour must be dedicated to face-to-face interaction with youth and/or families and the 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.	5 clinical hours per month

Position	Qualifications	Other Requirements	Hours
RN (Registered Nurse)	New Jersey registered nursing license and one (1) year direct care nursing experience with youth	• Implement a quality assurance program • Complete medication audit • Provide consultation as needed	Part-time, 5 hours per week
New Jersey Licensed Clinician	With a minimum of one (1) year experience working with youth with I/DD AND 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 Masters level therapist licensed to practice in NJ including LSW and LAC under the on-site supervision of a NJ independently licensed therapist with a documented plan to achieve clinical licensure within three (3) years.	• Biopsychosocial (BPS) assessment and report (within 1st week) • IMDS strengths & needs assessment (within 1st 24 hours) and review and update as needed • Comprehensive treatment & discharge plan within 1st week and update as needed • Provide individual therapy, if applicable • Provide group therapy, if applicable • Family therapy with family of origin or natural supports •Attend treatment team meetings • Work schedule must accommodate youth and families' needs	Part-time, 7 hours per week
Allied clinical therapist	Bachelor's degree, with a minimum of one (1) year experience working with individuals with I/DD. Licensed, credentialed, or certified, where applicable	• Recreation/leisure assessment and report (within 1st week of youth's intake) • Allied activities that are structured, guided, documented and participatory in nature; examples may include, but are not limited to: yoga, movement, music, art therapy, vocational, etc. • Allied therapies must be directly related to the youth's treatment planning needs • Allied therapies may occur both on grounds and within the community	6 hours per week per youth

Position	Qualifications	Other Requirements	Hours
Board Certified Behavior Analyst/BCBA	Master's degree, with a minimum one (1) year experience in the development and implementation of behavior support plans for youth with I/DD	• Behavioral support interventions and activities • Applied Behavior Analysis (ABA), Functional Behavior Assessment and development of a Behavioral Support Plan • Initial safety/soothing plan development, documentation, and consultation (within the first 48 hours of admission) • Initial safety/soothing plan debriefing with family and youth (within the first 48 hours of admission) • Implement the individualized Behavior Support Plan • Provide Positive Behavioral Supports • Provide training and supervision to support staff providing ABA services • Provide direct supervision of the Behavioral Technician as indicated in certification • Modify the Behavioral Support Plan based on frequent, systematic evaluation of direct observational data • Provide coordinated support with agency staff • Attend Monthly Treatment Team Meetings	Part-time, 7 hours per week to the home

Position	Qualifications	Other Requirements	Hours
Behavioral Technician	Bachelor's degree in psychology, special education, guidance and counseling, social work, or a related field; with at least one (1) year of supervised experience in implementing behavior support plans for youth with I/DD OR High school diploma or GED, with at least three years of supervised experience in implementing behavior support plans for youth with I/DD.	• Provide instruction in Activities of Daily Living • Implement all youth's individualized Behavioral Support Plans • Provide individual behavioral supports such as Positive Behavioral Supports • Provide training/coaching for the youth to meet the individual's behavioral needs • Required work schedule to include evening hours	Part-time, 14 hours per week

Position	Qualifications	Other Requirements	Hours
Direct care milieu staff	Bachelor's degree with one (1) year experience OR High school graduate (or equivalent) with three (3) years of experience providing direct care to individuals with I/DD in a behavioral health or institutional setting	• Youth orientation (within 1st 24 hours of admission) • Provide and supervise milieu activities (daily) - • Direct youth supervision (daily) • Provide community integration via focused recreational activities (weekly) • Provide direct youth supervision (daily) • Attend treatment team meetings (monthly) • Pre-Vocational skills training (daily, as indicated, based on youth's needs) • Provide Positive Behavioral Supports (daily) • Collect and record data (daily, as indicated) • Provide 1:1 supervision (as indicated) • Provide instruction/assistance in ADL's (daily, as indicated) • Provide transportation (as needed)	Multiple FTEs- 1st shift- 2 milieu staff 2nd shift- 3 milieu staff 3rd shift- 2 milieu staff Shifts must overlap for additional support during transitions FTE program manager and clinician to be scheduled to be present during shifts throughout the week as needed to ensure delivery of treatment services and oversight of program operations

Position	Qualifications	Other Requirements	Hours
<u>Other</u>: Program Manager *(Full-time 40-hour position, dedicated 100% exclusively to this program)*	Bachelor's degree with three (3) years of supervisory experience and relevant experience with individuals with I/DD challenges OR an unlicensed Master's degree practitioner with one (1) year relevant experience.	• Supervise milieu staff and schedules • Oversee daily operational aspects of the home • Arrange and participate in family orientation (within the first 24 hours) • Provide case management • Review and sign all required paperwork (within 24 hours) • Provide on-site family psycho-educational activities consistent with the comprehensive treatment and discharge plan (monthly) • Provide assistance with ADL skills • Attend treatment team meetings (monthly)	Full-time, 40 hours per week

<u>Contracted staff to youth ratio</u>:

Direct Care milieu shift requirements are intended for programs at full capacity while youth are present. When less than five (5) youth are present in the home, then the direct care staff must meet ratio requirements.

All youth will be properly supervised according to the shift requirements specified. Whenever fewer than five (5) youth are in the home, a ratio of one (1) milieu staff for every three (3) youth (with a minimum of two (2) staff at all times) shall be maintained.

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 (2) 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 staff in the home/dwelling/unit that may provide additional supervision support during crisis situations include the following titles: program directors, house 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 professionals are contractually required to provide treatment services is not reduced by the time they provide additional

supervision support in the home. These professionals may not serve in lieu of the minimum required two direct care milieu staff.

Additional Clarifications:

Minimum staff requirements apply to each contracted program, and it is not permissible to satisfy these requirements by floating staff among different contracted programs.

Providers must ensure behavioral support services are provided consistent with the "Applied Behavior Analyst Licensing Act" signed into law on January 13, 2020.

Providers of this intensity of service shall ensure crisis prevention, stabilization, and interventions are reflective of CSOC's commitment to the Nurtured Heart Approach.

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

Data-driven performance and outcomes management is a central aspect of CSOCs' management of the system of care. In order to support sensitive and responsive management of these GH Level 1-I/DD services and to inform future practice, regulation, and "sizing", respondents to this RFP are to give outcomes special consideration in their response. Successful respondents must implement a robust quality assurance and performance improvement (QA/PI) plan that includes all members of the service: youth, families, and all levels of staff. In doing so, successful 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 the DCF quality standards.

Specific Requirements for Providers

Central Registry

Agencies that are licensed contracted and/or regulated by DCF and provide services to individuals with developmental disabilities are required to comply with the Central Registry of Offenders against Individuals with Developmental Disabilities law, N.J.S.A. 30:6D-73 et seq.

This important law provides a mechanism for preventing caregivers with substantiated allegations of abuse, neglect, or exploitation against individuals with developmental disabilities from continuing to work within the DD community. The names of individuals substantiated for abuse, neglect

and/or exploitation against individuals with a developmental disability are listed in the web-based Central Registry maintained by the Department of Human Services. Individuals on the Central Registry are barred from working in DCF-funded programs for persons with developmental disabilities.

Thus, the awardee(s) will need to ensure that none of the staff providing services under this RFP are listed on the Central Registry. CSOC will facilitate the awardee(s)'s access to the Central Registry by submitting the names of the awardees to the DHS Central Registry unit. DHS will contact the awardee upon notification from DCF and provide further information on accessing the Central Registry.

Agencies must also comply with Danielle's Law.
(www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html)

NJ Medicaid Enrollment

Successful 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, Molina, within prescribed timelines.

Licensure

Successful respondents must meet, all NJDCF and other applicable Federal Licensure standards. DCF Office of Licensing standards as specified in the Standards for Community Residences for Individuals with Developmental Disabilities (N.J.A.C.10:44A) can be accessed at: http://www.state.nj.us/humanservices/ool/licensing/

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 grantee 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 grantee progress and problems in accomplishing responsibilities and corresponding strategy for overcoming these problems. The grantee will receive a written report of the site visit findings and will be expected to submit a plan of correction, if necessary.

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 Required to be Submitted with This Response

In addition to the Signature Statement of Acceptance of the Required Performance and Staffing Deliverables, DCF requires 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 Contract Award Required 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 - REQUIRED DOCUMENTS, SUBSECTION A. ORGANIZATIONAL DOCUMENTS PREREQUISITE TO A CONTRACT AWARD TO BE SUBMITTED WITH THE RESPONSE.)*

Pre-Award Documents Prerequisite to All Contracts

(The below listed documents must be collected with all RFPS)

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 start-up 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)

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

7) For Profit: **NJ Business Registration Certificate** with the Division of Revenue (see instructions for applicability to your organization).
Website: https://www.nj.gov/treasury/revenue/busregcert.shtml

8) **Business Associate Agreement/HIPAA** - Sign and date as the Business Associate.
Form: https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx

9) For Profit: **Chapter 51/Executive Order 117** Vendor Certification and Disclosure of Political Contributions (See instructions for applicability to your organization). Website: https://www.nj.gov/treasury/purchase/forms.shtml

10) **Conflict of Interest Policy (per DCF Department Policy)**:
https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf

11) All **Corrective action plans or reviews** completed by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two (2) years. If applicable, a copy of the corrective action plan should be provided and any other pertinent information that will explain or clarify the respondent's position. If not applicable, the respondent is to include a signed written statement that it has never been under any Corrective Actions or reviews. Respondents are on notice that DCF may consider all materials in our records concerning audits, reviews, or corrective active plans as part of the review process. Respondents subject to a Corrective Action not yet completed are not eligible to apply.

12) Certification Regarding **Debarment**
Form:https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf

13) Disclosure **of Investigations & Other Actions Involving Respondent**
Form:
https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf

14) **Disclosure of Investment Activities in Iran**
Form:https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf

15) **Disclosure of Ownership (Ownership Disclosure Form)**
Form:
https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf
The Ownership Disclosure form must be completed and returned by non-profit and for-profit corporations, partnerships, and limited liability companies. The failure of a **for-profit** corporation, partnership, or limited liability company to complete the form prior to submitting it with the application **shall result in rejection of the proposal**.

16) **Disclosure of Prohibited Activities in Russia and Belarus**
Form:
Certification.on.NonInvolvement.Prohibited.Activites.in.Russia.or.Belarus.pdf (nj.gov)

17) **Source Disclosure Form (Disclosure of Source Location of Services Performed Outside the United States)**
Form:http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf

18) Document showing **Unique Entity ID (SAM)** Number
Website: https://sam.gov/content/duns-uei

19) Certificate **of Incorporation**
Website: https://www.nj.gov/treasury/revenue

20) **Notice of Standard Contract Requirements, Processes, and Policies**
Sign and date as the provider
Form: Notice.of.Standard.Contract.Requirements.pdf (nj.gov)

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

22) **Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child standards -** A brief description (no more than two (2) pages double spaced) of the ways in which agency's operations (policies and/or practices) mirror these standards. The document should include the agency name & current date. The Standards are available at: "Sexual Abuse Safe-Child Standards" (state.nj.us)

23) **Standard Language Document (SLD) (or Individual Provider Agreement or Department Agreement with another State Entity as designated by DCF).**
Sign and date as the provider
Form:
https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc

24) **System for Award Management** (**SAM)** Submit a printout showing active status and the expiration date. Available free of charge.
Website: https://sam.gov/content/home
Helpline:1-866-606-8220

25) **Tax Exempt Organization Certificate** (ST-5) -or- **IRS Determination Letter** 501(c)(3)
Website: https://www.nj.gov/treasury/taxation/exemptintro.shtml

26) **Tax Forms: Submit a copy of the most recent full tax return**
Non-Profit: Form 990 Return of Organization Exempt from Income Tax
or- For Profit: Form 1120 US Corporation Income Tax Return -or-
LLCs: Applicable Tax Form and may delete/redact any SSN or personal information
Note: Store subsequent tax returns on site for submission to DCF upon request.

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

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 - REQUIRED DOCUMENTS, SUBSECTION B. ADDITIONAL DOCUMENTS TO BE SUBMITTED IN SUPPORT OF THIS RESPONSE*.)

1) A completed **Proposed Budget Form for NJ DCF** documenting all costs associated with operating the program. If DCF is providing additional funding 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/
Note: Use the Budget Template for Submission with Requests for Proposals (not the Annex B)

2) A completed **Budget Narrative** is required for the proposed program that clearly articulates 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) Three (3) **Letter(s) of Support** from community organizations with which you already partner. Letters from any New Jersey State employees are prohibited.

5) **Proposed Program Organizational Chart** for the program services required by this response that includes the agency name and the date created.

6) **Proposed Program Staffing Summary Report (PSSR)**
A full updated report must be submitted with this proposal and then **annually** by the 10th day of the month following each contract year. Form:https://www.nj.gov/dcf/providers/contracting/forms/ProgramStaffingSumm aryReport.xlsm

7) **Proposed Subcontracts/Consultant Agreements/ Memorandum of Understanding** to be used for the provision of contract services.

8) **Summary of Reduction of Seclusion and Restraint Use** (maximum 3 pages) describing policies adopted and the practices implemented to achieve this goal.

9) 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; and C. Organizational Supports. D. Population of Focus and Statement of Need; E. Proposed Program Model and Implementation Approach; E. Staff Recruitment & Retention; G. Proposed Budget

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 thirty five (35) page limitation for the seven (7) narrative sections of the response. The narrative should be double-spaced with margins of one (1) inch on the top and bottom and one (1) inch on the left and right. 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.

A one (1) point reduction per page will be administered to applications exceeding the page limit requirements.

The narrative must be organized appropriately and address the key concepts outlined in the RFP.

(ALL THREE (3) 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. Population of Focus and Statement of Need; E. Proposed Program Model and Implementation Approach; F; Staff Recruitment & Retention; G. Proposed Budget**.)**

A. Community and Organizational Fit (10 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) Provide a concise summary of the GH program your organization proposes to implement.

2) Describe how this initiative is consistent with your organization's mission and priorities.

3) Describe how this initiative fits with existing initiatives/programming in your organization.

4) Explain how using the proposed evidence-informed model will meet the needs of your target population and achieve the intended outcomes.

5) Describe your agency's knowledge and experience providing services to individuals with IDD and their families. Include a summary of

families/populations served, successes and challenges of services provided, and community engagement.

6) Describe how the requirements of this initiative will be met through your commitment to cultural competency and diversity and plans to ensure needs of various and diverse cultures within the target community will be met in a manner consistent with the Law Against Discrimination (N.J.S.A. 10:51 et seq.). Include your ability to provide language services to meet the needs of youth and families in the counties you propose to serve. Programs that can provide services to limited-English speaking and non-English speaking individuals are required.

B. Organizational Capacity (10 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, Board of Freeholders). Do leaders have the diverse skills and perspectives representative of the community being served?

2) Describe past or present experience in serving individuals with IDD and their families including how collaboration and communication are accomplished.

3) Describe your willingness and 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.

4) List any programs closed in the last eighteen (18) months and include documentation for the reasons the contracts were ended, if applicable**.**
   - Party that initiated closure (DCF or agency) and include detailed description of reason(s)
   - Program intensity of service
   - Date of closure
   - Time from notification to youth, families, and staff to safe transfer/discharge of all youth served in the program (the "transition period")
   - Challenges encountered during the transition period (staff coverage, disruption in programming)

If the respondent has not had any closures and these questions do not apply, it will not impact the score, however, respondents that have had a closure may have up to 10 points deducted from their total score depending upon the responses to this section.

C. Organizational Supports (10 Points)

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

1) Describe how you will meet the staffing requirements for this initiative. What is your anticipated time frame for hiring or reassigning the required staff?

2) Describe your ability to manage this project described in this RFP and any other ongoing programs.

3) Describe how your organization will support this initiative with required/ necessary training, coaching, supervision. Describe your organization's process to evaluate staff performance.

4) Describe how your organization will support this initiative by leveraging the resources of providers; communities; and other stake holders.

D. Population of Focus and Statement of Need (10 Points)

Population of focus and statement of need refers to the agency's understanding of the specific needs of the youth and families being targeted by this grant in the target area.

1) Describe how you will meet the geographic area requirements of this program initiative. Describe the population of focus and the geographic catchment area where services will be delivered that align with the intended population of this program. Provide a demographic profile of the population of focus in the catchment area in terms of race, ethnicity, language, sex, gender identity, sexual orientation, age, and socioeconomic status.

2) Describe the extent of the problem in the catchment area, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population of focus. Identify the source of the data.

E. Proposed Program Model and Implementation Approach (25 points)

Proposed Program Model and Implementation Approach refers to the agency's strategies for deploying the program services and staff in a manner consistent with Evidence Based Practices and the needs of those to be served.

1) Describe the goals and measurable objectives of the proposed project and align them with the needs of the target population.

2) Identify the Evidence-Based Practice(s) (EBPs), evidence-informed, and/or culturally promising practices that will be used. Discuss how each intervention chosen is appropriate for the target population and aligns with the outcomes you want to achieve. Describe any modifications that will be made to the EBP(s) and the reason the modifications are necessary. If you are not proposing any modifications, indicate so in your response.

3) Describe the teaming structure and process you will utilize to ensure an integrated approach to care to ensure continuity of care including the inclusion of family and/or natural supports.

4) Describe how services will be delivered within the community while ensuring equitable access, safety, healthy boundaries, and therapeutic integrity.

5) Describe how staff scheduling will be managed to ensure on call coverage in accordance with program expectations.

F. Staff Recruitment & 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.

G. Proposed Budget Narrative (15 points)

NOTE: This Budget Narrative (and start-up request if applicable) references the line items you enter into the Proposed Budget Form that you will include in **PDF 3**: *Section III - Documents Required to Submitted with This Response, subsection B. Additional Documents to be Submitted in Support of This Response*
This budget narrative must describe the following estimated expenses:

- Staff and fringe (see required staff)**.** For each staff person:
- Name (if person is known)

- Job title
- Percentage of staff person's time that is assigned to the project and salary
- If you plan to hire part-time clinicians and/or FSS staff, please explain how you plan to ensure model fidelity, communication, and collaboration.
- Operating expenses
- In-kind funding

Respondents must clearly indicate in the Budget Narrative how funding will be used to meet the project goals, responsibilities, and requirements. It must clearly explain budget line items, including miscellaneous expenses or "other" items, associated with the completion of the project. Describe any services, space, or materials that are being contributed, by whom, and the dollar value of the support.

Respondents requesting one-time operational start-up costs must include in this narrative a detailed summary of and justification of these costs. CSOC intends to purchase as much direct clinical care service as funding allows. CSOC acknowledges that there may be organizations with sound clinical care models that may not have the fiscal resources to incur all related costs. CSOC would be amenable to modest participation in "facility renovations" costs and will permit reasonable start-up under the following conditions:

- The need must be fully presented and explained
- Costs may not exceed 5% of the award.
- All start-up costs are subject to contract negotiations.
- Start-up costs must be delineated on a separate column in the Proposed Budget Form (see note above)
- Start-up cost funds will be released upon execution of finalized contract and are paid via Schedule of Estimated Claims (SEC)

The grantee is expected to adhere to all applicable State cost principles.

A description of General and Administrative Costs are available at: https://www.nj.gov/dcf/providers/notices/request/

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 application 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 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.

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

The Department 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.

The Department reserves the right to reject any response when circumstances indicate that it is in its best interest to do so. The Department'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 the Department, and indication or allegation of misrepresentation of information or non-compliance with any State contracts, policies and procedures, or State or Federal laws and regulations.

A response to 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 the Department'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, awardees 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.

A respondent awarded a contract shall be required to comply with the terms and conditions of the Department of Children and Families' 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. Awardees 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/. Awardees 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/DiscriminationAcknowReceipt.pdf
   Policy:https://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf

2) **Annual Report to Secretary of State** proof of filing.
   Website: https://www.njportal.com/dor/annualreports

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

   Bond must be at least 15% of the full dollar amount of all State of New Jersey 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 Ins.)
Important: Policy must show:
   a. DCF as the certificate holder – NJDCF 50 E State Street, Floor 3, P.O. Box 717, Trenton, NJ 0862
   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

1) Copy of **Accreditation** (Joint Commission, COA, CARF, as applicable) Cancellation of accreditation must be reported Immediately.

2) **Annex A Addendum -** Complete for each program component in CYBER. Submit online in CYBER.

3) **Certification Regarding Exemptions**
Website: https://www.nj.gov/dcf/providers/contracting/forms

4) **Certification Regarding Reporting**
Website: https://www.nj.gov/dcf/providers/contracting/forms

5) **Schedule of Estimated Claims** (SEC) signed
Form: Provided by contract administrator when applicable.

6) **Fixed Rate Information Summary** - Provided by contract administrator when applicable.

7) For Programs Hosting Youth, Adults, and Families or relying on Rent, Interest, or Depreciation in their Annex B Budget: current **Health/Fire Certificates**

8) For Programs Hosting Youth, Adults, and Families or relying on Rent, Interest, or Depreciation in their Annex B Budget: copies of an executed **Lease, Mortgage** or **Deed.**

9) For Programs Hosting Youth, Adults, and Families or relying on Rent, Interest, or Depreciation in their Annex B Budget: current/continued **Certificate of Occupancy.**

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

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

12) **Program Activity Schedule**
The schedule should detail the structure/activities of the entire day of each week including evening shifts, 24/7.

13) **Program Staffing Summary Report (PSSR)**
A full updated report must be submitted **annually** by the 10th day of the month following each contract year.
Form:https://www.nj.gov/dcf/providers/contracting/forms/ProgramStaffingSummaryReport.xlsm

14) **Subcontracts/Consultant Agreements/ Memorandum of Understanding** related to this contract for DCF review and approval.

C. Contractor Requirements for Reporting

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 New Jersey. 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 New Jersey form and need only list federal/state funds received via contracts with the State of New Jersey.

   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 the6th 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) **Level of Service (LOS) Reports**

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

6) **Significant Events Reporting:**

Timely reports as events occur to include, but not be limited to, changes to: (1) Organizational Structure or Name [DCF.P1.09-2007]; (2) Executive and/or Program Leadership; (3) Names, titles, terms and addresses, of the Board of Directors; (4) Clinical Staff; (5) Subcontract/consultant agreements and the development or execution of new ones; (6) a FEIN; (7) Corporate Address; (8) Program Closures; (9) Program Site locations; (10) Site Accreditations (TJC,COA,CARF); (11) the contents of the submitted Standard Board Resolution Form; (12) Debarment and SAM status; and (13) the existence and status of Corrective Action Plans, Audits or Reviews by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities.

Note: Agencies are under a continuing obligation, through the completion of any contract with the State of New Jersey, to renew expired forms filed with the New Jersey Department of Treasury and to notify Treasury in writing of any changes to the information initially entered on these forms regarding: Investment Activities in Iran as per P.L. 2012, C.25; Investment Activities in Russia or Belarus as per P.L. P.L.2022, c.3; Disclosures of Investigations of the Vendor; Ownership Disclosure if for profit; Service Location Source Disclosure as per P. L. 2005, C.92; Political Contribution Disclosure as per P.L. 2005, C.271; Report of Charitable Organizations, and the Two-Year Chapter 51 Vendor Certification and Disclosure.
Policy:
https://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf
Website:
https://www.state.nj.us/treasury/purchase/forms.shtml

D. Contractor Requirements to Store Organizational Documents on Site

1) Affirmative Action Policy/Plan

2) Copy of Most Recently Approved Board Minutes

3) Books, documents, papers, and records which are directly pertinent to this contract for the purposes of making audits, examinations, excerpts, and transcriptions, and to be produced for DCF upon request.

4) Personnel Manual & Employee Handbook (include staff job descriptions)

5) Procurement Policy