



REQUEST FOR QUALIFICATIONS

FOR

**THE PROVISION OF INTENSIVE IN HOME
INDIVIDUALIZED CLINICAL AND THERAPEUTIC
SUPPORTS AND SERVICES FOR CHILDREN WITH
INTELLECTUAL AND/OR DEVELOPMENTAL
DISABILITIES**

Responses will be accepted on a rolling basis from

March 1, 2022 through April 29, 2022

Questions are due March 14, 2022

Christine Norbut Beyer, MSW
Commissioner

March 1, 2022

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FUNDING AGENCY

State of New Jersey
Department of Children and Families
50 East State Street
Trenton, New Jersey 08625-0717

Special Notice:

Questions will be accepted in advance of the proposal deadline by providing them via email to DCF.ASKRFP@dcf.nj.gov until **March 14, 2022 by 12PM**. Technical inquiries about forms and other documents may be requested at any time.

All bids must be submitted electronically through our online system. To submit online, applicant must submit an AOR form. The AOR form must be completed and sent to DCF.ASKRFP@dcf.nj.gov.

Section I – General Information

A. Purpose:

The New Jersey Department of Children and Families (DCF), Children's System of Care (CSOC) announces the opportunity for applicants statewide to become qualified to provide Intensive In Home Clinical and Therapeutic Supports and Services (IIH Clinical services) for eligible children, youth, adolescents, or young adults under the age of 21 with co-occurring intellectual/developmental disability (I/DD) eligibility and mental health needs in accordance with state and federal law; and children, youth, adolescents, or young adults under the age of 21 with Autism, (hereinafter youth).

DCF invites independent practitioners, Limited Liability Corporations, as well as for-profit and not-for-profit agencies, with demonstrated expertise in the provision of described services, to partner with CSOC and apply to this RFQ. Qualification to provide services is contingent upon demonstrated continuous proven ability to provide services in compliance with this RFQ and any subsequent amendments to the resulting contract. Services may be suspended at the discretion of DCF/CSOC.

Note: CSOC encourages those with particular specializations in Development, Individual differences, Relationship-based (DIR/DIRFloortime), as well as out of home treatment providers to apply in order to strengthen our community-based services. Applicants must be able to demonstrate that they have been providing services for at least three (3) years through their incorporation or registration status. Additionally, applicants must be legally registered to do business in the State of New Jersey.

B. Background:

DCF is a family and child serving agency, working to assist NJ families in being or becoming safe, healthy and connected. DCF is the State's first comprehensive agency dedicated to ensuring the safety, well-being and success of youth, families and communities. Our vision is to ensure a better today and an even greater tomorrow for every individual we serve.

CSOC's mission is to support youth with serious emotional and/or behavioral challenges, substance use, and/or intellectual/developmental disabilities and their families/caregivers by providing them with timely services and supports that meet their needs, at the appropriate intensity of service, and for the necessary length of time. The overarching goal of the system is to enable the youth served to remain at home, in school and in the community whenever possible. In order to accomplish this goal, CSOC is committed to providing services that are clinically appropriate; individualized; provided in the least restrictive environment; family-driven, with families engaged as active participants; community-based, with care management occurring at the community level; culturally competent and responsive to differences in culture, race and ethnicity; and collaborative across child-serving systems. CSOC believes that the family plays a central role in the health and well-being of youth and involves families throughout the planning and treatment process in order to create successful life experiences for their youth.

As of January 2013, services for children, youth and young adults with intellectual/developmental disabilities under age 21 were transitioned to CSOC from the Department of Human Services. CSOC provides an array of community-based wraparound services and out-of-home treatment services to children, youth and young adults with intellectual/developmental disabilities and their families. Community-based wraparound services may involve almost any service supporting community living for children, including 24/7 Mobile Response and peer support services through Family Support Organizations in every county. Additionally, CSOC provides funding for Family Support Services (FSS). These services provide a wide range of supports including, but not limited to, respite, assistive technologies, camps, and home and vehicle modifications for caregivers of youth with developmental disabilities living at home.

IIH Clinical services are intensive, community-based, family-centered services delivered face-to-face as a defined set of interventions by a clinically licensed practitioner within the context of an approved IIH service plan. The purpose of IIH Clinical services is to improve or stabilize the youth's level of functioning within the home and community in order to prevent, decrease or eliminate behaviors or conditions that may lead to or that may place the youth at increased clinical risk, or that may impact on the ability of the youth to function in their home, school or community. IIH Clinical services are time-limited, based on clinical necessity as determined by a biopsychosocial assessment, the IMDS tools and/or any other clinical information that supports the need for IIH services. The anticipated outcome of IIH service delivery is the transfer of necessary skills to the

youth and family, as well as linkage and transition of the youth and their family/caregiver to community-based services and supports.

IIH Clinical services include a comprehensive integrated program of services to support improved behavioral, social, educational and vocational functioning. In general, this program will provide youth and their families with services such as clinical consultation/evaluation (e.g., biopsychosocial assessment, etc.), Strengths and Needs Assessment, psycho-education, individual and family counseling, negotiation and conflict resolution skill training, effective coping skills, healthy limit-setting, stress management, self-care, social skills, budgeting, symptom/medication management, and developing or building on skills that would enhance relationships, self-fulfillment, education and potential employability.

DCF is seeking to approve all Applicants whose qualifications are aligned with this RFQ to deliver IIH Clinical services. Applicants who can demonstrate the capacity to provide services to non-English speaking and non-verbal individuals are encouraged to apply. For the purposes of this RFQ, IIH Clinical services are inclusive of the administration of assessments; the creation of individualized service plans; and the provision of services by professionals who meet or exceed the minimum educational and experiential requirements set forth in this RFQ.

Applicants whose qualifications are approved will be eligible to provide services. Bidders shall provide information that demonstrates their ability to meet the specified requirements listed in this RFQ.

C. Definitions:

Child Protection and Permanency (CP&P): is New Jersey's child protection and child welfare agency within the DCF. CP&P is responsible for investigating allegations of child abuse and neglect and, if necessary, arranging for the child's protection and the family's treatment. Each year, CP&P contracts with many community-based agencies throughout the state to provide services to children and families. Such services include case management, CP&P family support services (parenting skills, training, counseling, child care, etc.), therapeutic/supervised visitation, substance abuse treatment, domestic violence services, mental health services, foster care, and adoption and kinship legal guardianship.

Care Management Organization (CMO): Care management entities are responsible for face-to-face care management and comprehensive service planning for youth and their families with moderate or complex needs. CMOs coordinate Child and Family Team (CFT) meetings and implement Individual Service Plans (ISP) for each youth and his/her family. Additionally, they coordinate the delivery of services and supports needed to maintain stability and progress towards goals for each youth, utilizing a Wraparound approach to planning.

Child and Family Team (CFT): The Child and Family Team is where all comprehensive assessment and planning for a youth and their family is accomplished. The CFT provides voice and engagement of youth and families in addressing their needs while assisting them in building strengths and a natural support system. The CFT works towards developing a long-term sustainable plan for the youth and family that can support them without reliance on a formal system to meet their needs. Through the CFT process, the team assesses youth and family needs, and designs, implements, and manages youth guided and family driven supports and services for youth.

Children’s System of Care (CSOC): CSOC serves children and adolescents with emotional, behavioral, and substance use challenges and their families; and children and adolescents with intellectual and developmental disabilities and their families. CSOC is committed to providing these services based on the needs of the child and family in a family-centered, strength-based, culturally competent, and community-based environment. CSOC believes that the family or caregiver plays a central role in the health and well-being of children. CSOC involves families throughout the planning and treatment process in order to create a service system that values and promotes the advice and recommendations of the family, a system that is friendly to families and one which provides them the tools and support needed to create successful life experiences for their children with emotional and behavioral challenges.

Contracted System Administrator (CSA): The CSA is CSOC’s single point of entry and facilitates service access, linkages, referral coordination, and monitoring of CSOC services. The CSA will initiate referrals for IHH Clinical/Therapeutic services. The CSA also maintains CYBER, CSOC’s Management Information System (MIS) which serves as the electronic information system for youth enrolled with CSOC. Information is Health Insurance Portability and Accountability Act (HIPAA) protected and is compliant with 42 CFR Part 2.

Danielle’s Law: This law requires anyone who works directly with individuals with I/DD or traumatic brain injury to call 911 in life threatening emergencies.

<https://nj.gov/humanservices/ddd/providers/providerinformation/danielle/>

DIR (Developmental, Individual differences, Relationship-based): Model of human development developed by Stanley Greenspan, M.D. and Serena Wieder, PhD. It is often described as a paradigm or lens through which one sees and interprets the world, relationships and development. It is delivered by a DIR/DIRFloortime certified professional. See www.icdl.com for more information.

DIRFloortime: A Floortime approach involves engaging, respecting, and attuning to the person while encouraging the person to elaborate his/her ideas through gestures, words, and pretend play. It is considered a treatment that has a warm and personal way of relating to a person. For a definition of formal ‘Floortime’ see below.

Fee-For Service: Service providers are reimbursed under fee for service rate.

Floortime: Formal Floortime sessions are usually 20 minutes in length and, in accordance with the model, would take place 6-8 times per day. These sessions honor DIRFloortime principles (see above) and are process-based (i.e., follow the persons lead and challenge the person at the same time), while considering individual differences of the learner and caregiver(s) playing.

Functional Emotional Developmental Capacities (FEDCS): Six basic developmental capacities (also known as stages, milestones, or levels) lay a foundation for all our learning and development. Children without special needs often master these skills relatively easily. Children with challenges often don't, not necessarily because they can't, but because their biological challenges make the mastery more difficult. By understanding these skills and the factors that influence them, and by working directly on them, caregivers, educators, and therapists often can help even those children with what are thought to be chronic disorders master many of them. Appropriate emotional experiences during each of the six developmental capacities help develop critical cognitive, social, emotional, language, and motor skills, as well as a sense of self.

Health Insurance Portability and Accountability Act (HIPAA): A federal law that establishes privacy standards for protected health information held by "covered entities" (health plans, health care clearinghouses and most health care providers). The implementing regulations at 45 C.F.R. Parts 160 and 164 (known as the "Privacy Rule") issued by the U.S. Department of Health and Human Services provide standards for the use and disclosure of protected health information.

Individualized Service Plan (ISP): A comprehensive, integrated plan that uses the identified strengths of the child, youth, and young adult and his or her family/caregivers in addressing the needs of the child, youth, and young adult and family/caregivers across life domains.

Protected Health Information (PHI): Individually identifiable health information transmitted or maintained by a covered entity or its business associate. Health information is any information that "relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual." 45 C.F.R. 160.103.

Unusual Incident Reporting (UIR): UIR is a requirement as per DHS Administrative Order 2:05 and its Addendum.

D. Description of Required Services:

The clinical and therapeutic services to be delivered are those necessary to improve the individual's functioning and inclusion in their community. These services are flexible, multi-purpose, in-home/community, clinical supports for youth and their parents/caregivers/guardians. These services are flexible as to where and when they

are provided based on the family's needs. The youth's treatment is based on targeted needs as identified in the individualized service plan. The service plan includes specific intervention(s) with target dates for accomplishment of goals that focus on the restorative functioning of the youth with the intention of:

- Stabilizing behavior(s) that led to the crisis,
- Preventing/reducing the need for inpatient hospitalization,
- Preventing the movement of the residence, and
- Preventing the need for out-of-home living arrangements.

The services provided will also facilitate transition from an intensive treatment setting back to his/her home. Interventions will be delivered with the goal of diminishing the intensity of treatment over time. Services will occur in the youth's natural environment (home, neighborhood).

As noted above, intensive in-home services shall **not** be provided in an office setting **nor** shall the provider require the child, youth, adolescent, or young adult and his or her family to meet at a site decided by the provider to receive the services. These services shall not be provided in a hospital or residential treatment center, unless they are part of a plan to transition the youth back to his/her home. They shall also not supplant existing services.

Applicants are needed that can provide clinical and therapeutic in-home supports for youth with significantly challenging emotional, relational and behavioral needs related to their developmental disability diagnosis. Supports will be designed to address the individualized service plan for each eligible youth. Any proposed support must foster independence, integration, individualization, self-determination, and productivity within the community, while honoring the individual's cultural background. Applicants must be willing to work cooperatively with other providers that are also supporting the youth. **Providers with experience in a DIR/Floortime model are encouraged to apply.** As a comprehensive framework, DIR/Floortime model is an intervention that is used to promote an individual's development through a respectful, playful, joyful, and engaging process. It uses the power of relationships and human connections to promote engagement, communication, positive behaviors and thinking. It is based on the developmental theory that all children need to reach certain milestones so they can keep developing emotionally and intellectually, and that children with autism and other disabilities have difficulty reaching these milestones; therefore, need intense, individualized support. Overall, it helps clinicians, parents, and educators conduct a comprehensive assessment and develop an intervention program tailored to the unique challenges and strengths of children with Autism Spectrum Disorder (ASD) and other developmental challenges. The objectives of this model are to build healthy foundations for functional emotional development capacities (FEDCS).

Each youth receiving intensive in home services shall have an approved, documented service plan developed by an approved credentialed practitioner individually crafted to address identified needs that impact on the youth's ability to function at home, school or

in the community. The service plan shall identify the services to be delivered by a provider and incorporate generally accepted professional interventions.

The service plan shall be authorized by the CSA prior to its implementation. Services shall be subject to prior authorization by the CSA. Applicants will be required to demonstrate the ability to 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.

Applicants are expected to demonstrate the capability of providing the individualized clinical and therapeutic supports and services specific for intellectually/developmentally disabled youth based upon each youth's assessed level of need including but not limited to:

Clinical assessment:

- Biopsychosocial Needs Assessment,
- Strengths and Needs Assessment, CSOC Information Management Decision Support (IMDS) Tool;
- Other assessment tools as indicated; clinicians must be familiar with the array of considerations that would indicate preferred assessment methods over others.

Clinical Interventions should include but are not limited to:

Development of an individualized service plan which includes:

- Implementation of individualized service plan;
- Individual, family and group counseling;
- Instruction in learning adaptive frustration tolerance, self-regulation, and expression, which may include anger management;
- Instruction in stress reduction techniques;
- Problem solving skill development;
- Psycho-educational services to improve decision making skills to manage behavior and reduce risk behaviors;
- Positive Behavioral Supports;
- Social skills development;
- Trauma informed counseling;
- Implementation of identified strategies in the individualized Behavioral Support plan (if applicable);
- Providing coordinated support with agency staff and participating as part of the clinical team;

- Collaborating effectively with professionals from other disciplines that are also supporting the youth, including but not limited to: education, clinicians, physicians, etc.; and,
- Recommendations for referrals for medical, dental, neurological or other identified evaluations.

The respondent must be able to safely address complex needs and challenging emotions, thoughts, behaviors and relationships including but not limited to: not following verbal/written directions, emotional dysregulation, leaving an area without permission or going missing, property destruction, physical/verbal aggression, self-injurious behaviors, and inappropriate sexual behavior. The CSOC prohibits the use of aversive procedures or restrictive techniques but recognizes that it may be necessary to employ restrictive procedures necessary to protect the youth or others from harm in a crisis situation. All such procedures must be implemented in the least restrictive intervention reasonable and effective to maintain safety, and only after exhausting all possible non-aversive interventions. All applicants are required to describe their policy and protocol for crisis situations. For those providers that include the use of restrictive procedures, applicants are required to describe their policy and protocol for the use of restrictive procedures in crisis situations, for example: Handle With Care, Crisis Prevention Institute, Professional Crisis Management, or other accredited or nationally recognized program and provide proof of training for all in home staff. Additionally, all restrictive procedures must be in accordance with CSOC policies and procedures. Applicants may be required to participate in CSOC approved Positive Behavioral Supports Training and technical support.

CSOC also requires that interventions utilize the Nurtured Heart Approach.

“The Nurtured Heart Approach® is a relationship-focused methodology founded strategically in The 3 Stands™ for helping children (and adults) build their Inner Wealth® and use their intensity in successful ways. It has become a powerful way of awakening the inherent greatness in all children while facilitating parenting and classroom success.

The essence of the Approach is a set of core methodologies originally developed for working with the most difficult children. It has a proven impact on every child, including those who are challenged behaviorally, socially and academically. The Nurtured Heart Approach has been shown to create transformative changes in children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder, Reactive Attachment Disorder and other behavioral, emotional and anxiety related symptoms – almost always without the need for long-term mental health treatment. Even children experiencing social cognitive challenges, like Autism Spectrum Disorder and Asperger Syndrome greatly benefit from the Approach, reducing the need for traditional mental health and medical interventions.

Traditional approaches often fall short of promoting the Inner Wealth essential for children to build successful relationships. This method has helped thousands of families, educators, and child advocates channel a child’s intensity in beautifully creative

and constructive ways – helping children achieve new emotional portfolios of confidence and enduring levels of competency.” <https://nurturedheartinstitute.com/>

Eligible Applicants: Independent practitioners, Limited Liability Corporations, as well as for-profit, and not-for-profit organizations, with a minimum of 3 years related experience, agencies that are registered to conduct business with the State of New Jersey and whose primary focus is the implementation of programs that address the needs of children, youth, adolescents, or young adults with co-occurring intellectual/developmental and mental health challenges under the age of 21 in the State of New Jersey, and that can demonstrate an ability to provide the required services as outlined in this document to ensure that the goals of the RFQ are met. Applicants must be approved NJ Medicaid providers of clinical/therapeutic supports; or attest in their application they will become Medicaid providers of clinical/therapeutic supports within 6 months of award by signing Exhibit G-IIH Clinical Attestation form. Any changes in provider information shall be communicated to CSOC and the DMAHS fiscal intermediary. This intermediary oversees provider enrollment functions and fiscal management for DMAHS. Any changes in personnel providing or supervising services shall be subject to prior approval by CSOC.

1. Staff Training should include but is not limited to:

- Positive Behavioral Supports;
- Developmental milestones, identifying developmental needs, strengths;
- Nurtured Heart Approach;
- Crisis Management: Prevention, Recognition and Intervention; such training shall include proper procedures for the use of blocks and releases; and requesting assistance of a crisis center or 911 for situations that become dangerous and beyond the family and provider’s ability to address;
- HIPPA;
- Confidentiality and Ethics;
- DIR/DIRFloortime Training Program certification (or acceptable equivalent, Profectum Foundation, Play Project, Fielding Graduate University’s Infant and Early Childhood Development PhD Program, Montclair State University’s Developmental Models of Autism Intervention Certificate or The Greenspan Floortime Approach);
- Danielle’s Law (In compliance with P.L.2003, c.191 [C.30:6D-5.1-5.6]);
- Identifying and reporting abuse and neglect: child abuse and neglect; and abuse, neglect, or exploitation of a vulnerable adult age 18 or over; and
- Trauma Informed Care, Healing Centered Practices, ACES/Resiliency
- Any CSOC future training(s) as determined necessary.

Note: Providers may access the DCF CSOC training site and staff may attend DCF funded training(s) at no additional 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.

2. Quality Assurance

Quality assurance program and practices include:

(a) As part of its continuous quality improvement program, CSOC conducts reviews of enrolled providers. These reviews may be record reviews or site reviews and may be announced or unannounced. As a condition of enrollment and participation in CSOC programs, providers are required to submit to such reviews.

(b) Where CSOC determines that a provider entity is not in compliance with the requirements, the provider entity shall be required to submit a plan of correction. CSOC may take additional appropriate actions against the provider, including, but not limited to, suspension of referrals to the provider, transfer of the provider's current caseload, and referral of the provider to other certifying or licensing agencies or organizations for their review, including, but not limited to, applicable licensing boards, the Medicaid/NJ FamilyCare program, the State treasurer, or any other governmental entity that may be impacted by the inability or failure of the IIH provider to substantially meet the Division's policies and procedures related to services.

Providers of services shall maintain the following data in support of all claims:

1. The name and address of the child, youth, adolescent, or young adult being provided services;
2. The name and credentials of the person(s) providing the service;
3. The exact date(s), location(s) and time(s) of service;
4. The type of the service(s) provided; and
5. The length of face-to-face contact, excluding travel time to or from the location of the contact with the child, youth, adolescent, or young adult receiving services.

The provider shall maintain an individual service record for each child, youth, adolescent, or young adult, which shall contain, at a minimum, the following information:

1. The dates of service and number of care hours, per level of service, received;
2. The diagnosis provided with the initial referral;
3. The reason for initial referral and involvement;
4. The service plan, including any amendments;
5. Documentation of any and all crisis or emergency situations that occur during the provision of the services, including a summary of corrective action taken and resolution of the situation; and
6. For each discrete contact with the child/family, progress notes that address the defined goals stipulated in the child, youth, adolescent, or young adult's service plan must be completed.

All providers shall meet all management information systems specifications as provided by CSOC or its designated agent.

3. Confidentiality Compliance

The provider shall, at all times, in performance of this service, ensure that it maintains State supplied documents in a confidential manner.

Such compliance shall include, but not be limited to, the erasure and deletion of all personal, confidential information that may be contained on all personal computers and their drives prior to disposal, or any other disposition that may be required, of such informational technology equipment in accordance with the requirements set forth by the US Department of Defense (DOD) 5220.22-M Standard.

Such compliance shall further include, but not be limited to, ensuring that the release of client records is restricted to those situations identified in DCF Policy P8.01 – 2007 (revised January 1, 2012) and N.J.S.A. 30:4-24.3.

All data supplied by DCF to the provider are confidential. The provider is required to use reasonable care to protect the confidentiality of such data. Any use, sale or offering of this data in any form by the provider, or any individual or entity in the provider's charge or employ, will be considered a violation of this service and may result in termination and the provider's suspension or debarment from continuing business with DCF. In addition, such conduct may be reported to the State Attorney General for possible criminal prosecution.

HIPAA's (Health Insurance Portability and Accountability Act) privacy regulations require protection of individually identifiable health information. The regulations define "Protected Health Information" as information that relates to the:

- past, present, or future physical or mental health or condition of an individual
- provision of health care to an individual
- past, present, or future payment for the provision of health care to an individual

Protection applies to information collected from the individual or received or created by a health care provider, health plan, health care clearinghouse, or employer, and is maintained or transmitted in any form or medium. All providers shall be required to adhere to HIPPA and execute a HIPPA Privacy Agreement which is located at: <http://www.state.nj.us/dcf/providers/contracting/forms/index.html>

4. Fiscal/Billing Requirements

DCF will notify applicants approved to perform services via this RFQ. CSOC will initiate referrals through the Contracted Systems Administrator.

Each applicant that meets the qualifications and requirements set forth in the RFQ shall receive the published rate for providers of this service as follows:

Discipline	Rate	Unit	Hourly
Master's Level Clinician (LCSW, LPC, LMFT, NADD)	\$30.83	Per 15 minutes	\$123.32
Master's Level Clinician (Non-licensed, two years or less from NJ licensure)	\$28.74	Per 15 minutes	\$114.96

If the published rate shall change, the amount received by the provider shall change. Upon request by DCF, and in order to provide the State with the ability to judge the applicant's financial capacity and capabilities to undertake and successfully complete meet its obligations upon referral, applicants shall have available two years of certified financial statements, including a balance sheet, income statement and statement of cash flow, and all applicable notes for the most recent calendar year or the applicant's most recent fiscal year. If certified financial statements are not available, the applicant shall provide either a reviewed or compiled statement from an independent accountant setting forth the same information required for the certified financial statements, together with a certification from the Chief Executive Officer and the Chief Financial Officer, that the financial statements and other information included in the documents fairly present in all material respects, the financial condition, results of operations and cash flows of the applicant as of, and for the time periods presented in the statements.

Note: When a provider functions as part of a professional group, conducting an evaluation as a "team," DCF will reimburse the group, as a single entity, the rate for the service provided.

I/H services are reimbursed on a fee-for-service basis. Units of service are defined as 15 continuous minutes of direct contact service provided to, or on behalf of, the child, youth, adolescent or young adult.

Services may be provided at any level by a practitioner whose credentials exceed the minimum requirements for that service level; however, increased reimbursement shall not be provided.

E. Funding Information:

There is no guarantee that the services will be accessed. Continuation funding is contingent upon the availability of funds in future fiscal years. Continuation of services is not guaranteed.

DCF intends to qualify applicants that meet the qualifications and agree to all the terms and conditions provided by the DCF and as a Medicaid approved provider; but does not guarantee referrals.

Approved providers that are unable to satisfy the minimum requirements at any time, are required to notify CSOC within 10 business days.

CSOC reserves the right to terminate provider's qualifying status at any time without notice.

Section II - Application Instructions

A. RFQ Schedule:

March 14, 2022	Deadline for Email Questions sent to DCF.ASKRFP@dcf.nj.gov
April 29, 2022	Deadline for Receipt of Proposals by 12:00PM

Proposals received after 12:00 PM on **April 29, 2022** will **not** be considered.

All proposals must be delivered ONLINE:

To submit online, applicant must submit an AOR form. The AOR form must be completed and sent to DCF.ASKRFP@dcf.nj.gov

Authorized Organization Representative (AOR) Form:
<https://www.nj.gov/dcf/providers/notices/AOR.doc>

Once the AOR is submitted and the applicant is granted permission to proceed, instructions will be provided for submission of the proposal.

Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission by submitting an AOR form.

We recommend not waiting until the due date to submit your proposal in case there are technical difficulties during your submission. Registered AOR forms may be received 5 business days prior to the date the bid is due.

Submission Requirement:

It is required that you submit your proposal as one PDF document. If the Appendices file is too large, it can be separated into more pdf parts, such as Part 3, Part 4, etc. Please do not upload separate documents.

B. RFQ Administration:

1. Screening for Eligibility, Conformity and Completeness

DCF will screen proposals for eligibility and conformity with the specifications set forth in this RFQ. A preliminary review will be conducted to determine whether the application is eligible for evaluation or immediate rejection.

The following criteria will be considered, where applicable, as part of the preliminary screening process:

- a. The application was received prior to the stated deadline
- b. The application is signed and authorized by the applicant's Chief Executive Officer or equivalent
- c. The applicant attended the Bidders Conference (if required)
- d. The application is complete in its entirety, including all required attachments and appendices
- e. The application conforms to the specifications set forth in the RFQ

Upon completion of the initial screening, proposals meeting the requirements of the RFQ will be distributed to the Proposal Evaluation Committee for its review and recommendations. Failure to meet the criteria outlined above, or the submission of incomplete or non-responsive applications constitutes grounds for immediate rejection of the proposal if such absence affects the ability of the committee to fairly judge the application.

2. Qualification Review Process

Applicants whose qualifications are approved will be eligible to provide services. Applicants shall provide information that demonstrates their ability to meet the specified requirements listed in this RFQ.

DCF also reserves the right to reject any and all responses when circumstances indicate that it is in its best interest to do so. DCF's best interests in this context include but are not limited to: State loss of funding for the contract; the inability of the Applicant to provide adequate services; the Applicant's lack of good standing with DCF and any indication, including solely an allegation, of misrepresentation of information and/or non-compliance with any State of New Jersey contracts, policies and procedures, or State and/or Federal laws and regulations.

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

3. Special Requirements

The successful Applicants shall maintain all documentation related to proof of services, products, transactions and payments under this contract for a period of five years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

The successful Applicants must comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C.17:27, the **State Affirmative Action policy** as attached as **Exhibit A**.

The successful Applicants must comply with **laws relating to Anti-Discrimination** as attached as **Exhibit B**.

All Applicants must submit a signed **Notice of Standard Contract Requirements, Processes, and Policies** as attached as **Exhibit C**.

All Applicants must submit a signed **Attestation-Public Law P.L. 2021, c.1** Attestation Form for Providers with DCF Contracts as attached as **Exhibit D**.

Exhibit E: All Applicants must submit **with** their response to this RFQ all of the documents listed as **CSOC IIH Pre-Award Documents** Required to Be Submitted with a Response to a RFQ.

Applicants who receive a qualification letter after submitting a response to this RFQ thereafter must submit as a condition of receiving a contract, all of the documents listed in **Exhibit F: CSOC IIH Post-Award Documents** Required To Be Submitted for Contract Formation if the Response to the RFQ Results in an Award. **Exhibit F**, therefore, provides notice to applicants who are successful in securing an award that the listed documents will be required to be submitted to your assigned contract administrator, or maintained on site as indicated, after notice of award as a condition of receiving a contract

All Applicants must submit a signed **IIH Clinical Attestation** Form as attached as **Exhibit G**.

All Applicants must comply with the **federal requirements** of 2CFR 200.317. See **Attachment 4 posting on DCF website**.

The New Jersey Department of Children and Families endorsed Prevent Child Abuse New Jersey's (PCA-NJ) **Safe-Child Standards** in August 2013 (The "Standards"). The Standards are a preventative tool for implementing policies and procedures for organizations working with youth and children and through their implementation, an organization can minimize the risks of the occurrence of child sexual abuse.

The Standards are available at: <http://www.state.nj.us/dcf/SafeChildStandards.pdf>

As an Appendix, attach a brief (no more than 2 pages double spaced) Standards Description demonstrating ways in which your agency's operations mirror the Standards

The successful Applicants must **comply with confidentiality rules and regulations** related to the participants in this program including but not limited to:

1. Applicants must comply with 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records.
2. Keep client specific and patient personal health information ("PHI") and other sensitive and confidential information confidential in accordance with all applicable New Jersey and federal laws and regulations including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").
3. Recognize and understand that case information is mandated by N.J.S.A. 9:6-8.10a to be kept confidential and the release of any such information may be in violation of state law and may result in the conviction of individuals for a disorderly person's level offence as well as possibly other disciplinary, civil or criminal actions pursuant to N.J.S.A. 9:6-8.10b.

All Applicants are advised that any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology.

All Applicants are also advised that any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

Organ and Tissue Donation: As defined in section 2 of P.L. 2012, c. 4 (N.J.S.A.52:32-33), contractors are encouraged to notify their employees, through information and materials or through an organ and tissue awareness program, of organ donation options. The information provided to employees shall be prepared in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C. §1320b-8 to serve in this State.

4. Electronic Record Operating Requirements

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

C. Requests for Information and Clarification:

Question and Answer:

DCF will provide potential applicants additional and/or clarifying information about this initiative and application procedures through a time-limited electronic Question and Answer Period. Inquiries will not be accepted after the closing date of the Question and Answer Period.

Questions must be submitted in writing via email to: DCF.ASKRFP@dcf.nj.gov.

Written questions must be directly tied to the RFP. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP. All inquiries submitted to DCF.ASKRFP@dcf.nj.gov must identify, in the Subject heading, the specific RFP for which the question/clarification is being sought. Each question should begin by referencing the RFP page number and section number to which it relates.

Written inquiries will be answered and posted on the DCF website as a written addendum to the RFP at: <https://www.nj.gov/dcf/providers/notices/requests/>

Technical inquiries about forms and other documents may be requested anytime through DCF.ASKRFP@dcf.nj.gov.

All other types of inquiries will not be accepted. **Applicants may not contact the Department directly, in person, or by telephone, concerning this RFQ.**

D. Appeals:

An appeal of the selection process will be heard only if it is alleged that DCF has violated a statutory or regulatory provision in awarding the grant. An appeal will not be heard based upon a challenge to the evaluation of a response. Applicants may appeal by submitting a written request to:

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

NOTE: Appeals must be submitted no later than ten (10) business days following receipt of the notification or by the deadline posted in this announcement.

E. Post RFQ Process Review:

As a courtesy, DCF may offer unsuccessful Applicants an opportunity to review the Evaluation Committee's rating of their individual applications to be qualified to provide services.

Applicants may request a Post RFQ Process Review by contacting: DCF.ASKRFP@dcf.nj.gov

Post RFQ Process Reviews will not be conducted after six (6) months from the date of issuance of this RFQ.

F. Post Qualification Requirements:

Qualified Applicants will also be required to submit one (1) copy of the Post Award Documents, **Exhibit F**, before their contract with DCF is finalized and authorizations to provide services are issued.

Qualified Applicants will be required to comply with the terms and conditions of the Department of Children and Families' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual. Applicants may review these items via the Internet at www.nj.gov/dcf/providers/contracting/manuals

Selected applicants will also be required to comply with all applicable State and Federal laws and statutes, assurances, certifications and regulations regarding funding.

Must be approved NJ FamilyCare providers or entities willing to become NJ FamilyCare providers.

NOTE: CSOC will send a Medicaid Provider Application to qualifying providers. Applications must be completed/submitted directly to CSOC prior to receiving an authorization for services.

Section III – Required Qualifications and Documents

A. Applicant Eligibility Requirements

1. Applicants must conform to the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3).
2. Applicants must be for profit, not for profit corporations or Limited Liability Corporations that are duly registered to conduct business within the State of New Jersey.

3. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
4. Applicants shall 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
5. If Applicant is **under a corrective action plan with DCF (inclusive of its Divisions and Offices) or any other New Jersey State agency or authority, the Applicant may not submit a proposal for this RFQ if written notice of such limitation has been provided to the Agency or authority.** Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action plan have been eliminated and progress maintained to the satisfaction of DCF for the period of time as required by the written notice.
6. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
7. Where appropriate, all Applicants must hold current State licenses.
8. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
9. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
10. Applicants must have the ability to achieve full operation within sixty (60) days of qualification.
11. Applicants must ensure that all employees of the agency who provide direct service will have State and Federal background checks with fingerprinting completed and pass now and every two (2) years thereafter. The cost of the fingerprinting and criminal history background check to become a qualified IIH Clinical services provider will be paid for by DCF. Instructions on the fingerprinting process and background checks will be provided to each qualified Applicant.
12. Applicants must ensure that all IIH Clinical services staff and agency reimbursed IIH Clinical services staff complete a TB Skin Test. Employees of the Agency and IIH Clinical services staff rendering in-home services are required to pass a TB Skin Test. *Do not send protected health information; Applicants shall **record and maintain** records of employees and IIH services staff on file in the Applicant office available for review and audit upon reasonable notice.*
13. 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 Applicant’s registration into this system.

14. Applicants must comply with Danielle’s Law:
<https://nj.gov/humanservices/ddd/providers/providerinformation/danielle/>
15. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at: <http://fedgov.dnb.com/webform>.
16. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFQ, and the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3), may submit an application.

B. Supporting Documents:

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent.

If documents are missing from the proposal, DCF may provide an email notice to the Applicant after the bid is submitted. Applicants will have up to five (5) business days after notice from DCF to provide any potentially missing documentation without penalty.

All supporting documents in response to this RFQ must be organized in the following manner.

		Documents Required with all Applications Submitted in Response to this RFQ
1	<input type="checkbox"/>	Proposal Cover Sheet – (signed and dated) Website: https://www.nj.gov/dcf/providers/notices/requests/#2 Form: https://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc
2	<input type="checkbox"/>	Table of Contents – Please number and label with page numbers if possible in the order as stated in Appendices.
3	<input type="checkbox"/>	Safe-Child Standards Description of your agency’s implementation of the standards (no more than 2 pages)
4	<input type="checkbox"/>	Crisis Policy – Submit a copy of your agency’s policy for handling crisis situations. Policy must address prevention, recognition, intervention and debriefing. It must also demonstrate compliance with “Danielle’s Law”, P.L.2003, c.191 [C.30:6D-5.1-5.6]. Submission of agency policy which does not meet these criteria will result in rejection of your application.

		Website: https://nj.gov/humanservices/ddd/providers/providerinformation/danielle/
5	<input type="checkbox"/>	Three (3) written professional letters of support on behalf of the applying individual/agency specific to the provisions of services under this RFQ (references from family members of individuals receiving services and New Jersey State employees are prohibited). <u>One professional letter of support should come from an individual or organization</u> whose mission is serving people with intellectual/developmental disabilities; additionally, a professional letter of support from the CMO of the county you are serving is encouraged. Template/duplicate letters of support are not acceptable. Please include telephone numbers and e-mail for all references so they may be contacted directly.
6	<input type="checkbox"/>	Resumes of any existing staff who will perform the proposed services (please <u>do not</u> provide home addresses or personal phone numbers)
7	<input type="checkbox"/>	Exhibit D – Signed Attestation -Public Law P.L. 2021, c.1 Attestation Form for Providers
8	<input type="checkbox"/>	Exhibit E – DCF/CSOC Pre-Award Documents -Submit all documents listed
9	<input type="checkbox"/>	Exhibit G – Signed attestation -DCF IIH Clinical Attestation Form
10	<input type="checkbox"/>	Attachment 1 – Completed Agency Data Information Form
11	<input type="checkbox"/>	Attachment 2 – Completed Provider Component form
12	<input type="checkbox"/>	Attachment 3–Completed Applicant Eligibility Requirements Checklist for Clinical and Therapeutic Supports and Services for I/DD Youth – Applicants are required to check all applicable boxes within the checklist, as well as provide supporting documentation. A checklist must be completed by each individual providing in home services. For agencies who are applying, the checklist must be completed for each employee that will be providing services.

EXHIBIT A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127) N.J.A.C. 17:27 GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically available at www.state.nj.us/treasury/contract_compliance).

The contractor and its subcontractors shall furnish such reports or other documents to the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

EXHIBIT B

TITLE 10. CIVIL RIGHTS CHAPTER 2. DISCRIMINATION IN EMPLOYMENT ON PUBLIC WORKS *N.J. Stat. § 10:2-1 (2012) § 10:2-1. Antidiscrimination provisions*

Antidiscrimination provisions. Every contract for or on behalf of the State or any county or municipality or other political subdivision of the State, or any agency or authority created by any of the foregoing, for the construction, alteration or repair of any public building or public work or for the acquisition of materials, equipment, supplies or services shall contain provisions by which the contractor agrees that:

a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;

b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;

c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and

d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

No provision in this section shall be construed to prevent a board of education from designating that a contract, subcontract or other means of procurement of goods, services, equipment or construction shall be awarded to a small business enterprise, minority business enterprise or a women's business enterprise pursuant to P.L.1985, c.490 (*C.18A:18A-51 et seq.*)

Exhibit C

Notice of Standard Contract Requirements, Processes, and Policies

I. Instructions:

Please carefully read all the information on these page(s) and then sign, scan, and this executed document to: OfficeOf.ContractAdministration@DCF.NJ.Gov

II. Organizations awarded contracts are required to comply with:

- A. the terms and conditions of the Department of Children and Families' (DCF) contracting rules and regulations as set forth in the Standard Language Document (SLD), or the Individual Provider Agreement (IPA), or Department Agreement with a State Entity. Contractors may view these items on the internet at: <https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc>;
- B. the terms and conditions of the policies of the Contract Reimbursement Manual and the Contract Policy and Information Manual. Contractors may review these items on the internet at: <https://www.nj.gov/dcf/providers/contracting/manuals>;
- C. all applicable State and Federal laws and statues, assurances, certifications, and regulations;
- D. the requirements of the State Affirmative Action Policy, N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27;
- E. the laws relating to Anti-Discrimination, including N.J.S.A 10:2-1, Discrimination in Employment on Public Works; and
- F. the confidentiality rules and regulations related to the recipients of contracted services including, but not limited to:
 1. Compliance with 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records.
 2. Maintenance of client specific and patient personal health information (PHI) and other sensitive and confidential information in accordance with all applicable New Jersey and Federal laws and regulations including, but not

limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

3. Safeguarding of the confidentiality of case information as mandated by N.J.S.A 9:68.10a with the understanding that the release of any information may be in violation of State law and may result in the conviction of individuals for a disorderly person's level offense as well as possibly other disciplinary, civil or criminal actions pursuant to N.J.S.A. 9:6-8.10b.
4. Ensuring the content of every contractor's web site protects the confidentiality of, and avoids misinformation about the youth served and provides visitors with a mechanism for contacting upper administrative staff quickly and seamlessly.

III. Organizations awarded contracts are advised:

- A. As noted in Section 5.12 of the SLD, or in Section 5.03 of the IPA, the initial provision of funding and the continuation of such funding under this contract is expressly dependent upon the availability to DCF of funds appropriated by the State Legislature and the availability of resources. Funds awarded under this contract program may not be used to supplant or duplicate existing funding. If any scheduled payments are authorized under this contract, they will be subject to revision based on any audit or audits required by Section 3.13 Audit of the Standard Language Document (SLD) and the contract close-out described in: [Contract Closeout - CON-I-A-7-7.01.2007 \(nj.gov\)](#)
- B. All documentation related to products, transactions, proof of services and payments under this contract must be maintained for a period of five years from the date of final payment and shall be made available to the New Jersey Office of the State Comptroller upon request.
- C. Any software purchased in connection with the proposed project must receive prior approval from the New Jersey Office of Information Technology, and any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.
- D. Any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.
- E. Contractors shall maintain a financial management system consistent with all of the requirements of Section 3.12 of the SLD of the IPA.

- F. As defined in N.J.S.A. 52:32-33, contractors are encouraged to notify their employees, through information and materials or through an organ and tissue awareness program, of organ donation options. The information provided to employees shall be prepared in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C. §1320 b-8 to serve in this State.
- G. DCF endorsed the Prevent Child Abuse of New Jersey's (PCANJ) Sexual Abuse Safe-Child Standards (Standards) as a preventative tool for contractors working with youth and children to reference when implementing policies and procedures to minimize the risks of the occurrence of child sexual abuse. The Standards are available on the internet at: <https://www.nj.gov/dcf/SafeChildStandards.pdf>
- H. NJ Rev Stat § 9.6-8.10f (2017) requires the Department of Children and Families (DCF) to conduct a check of its child abuse registry for each person who is seeking employment in any facility or program that is licensed, contracted, regulated, or funded by DCF to determine if the person is included on the child abuse registry as a substantiated perpetrator of child abuse or neglect. Contractors are to utilize the Child Abuse Record Information (CARI) Online Application to set-up a facility account by visiting: <https://www.njportal.com/dcf/cari>
- I. DCF staff may conduct site visits to monitor the progress and problems of its contractors in conforming to all contract requirements and in accomplishing its responsibilities. The contractor may receive a written report of the site visit findings and may be expected to submit a plan of correction, if necessary, for overcoming any problems found. Corrective Action Plan (CAP) requirements, timeframes and consequences are explained on the internet at: https://www.nj.gov/dcf/policy_manuals/CON-I-A-8-8.03_issuance.shtml
- J. Contractors must have the ability to maintain the full operations census specified in the contract, and to submit timely service reports for Contracted Level of Service (CLOS) utilization in the format and at the time DCF requests.
- K. Contractors awarded contracts must have the ability to achieve full operational census within the time DCF specifies. Extensions may be available by way of a written request to the Contract Administrator, copied to the DCF Director managing the contracted services.
- L. As noted in Section 4.01 of the SLD or the IPA, DCF or the contractor may terminate this contract upon 60 days written advance notice to the other party for any reason whatsoever.

M. DCF will advise contractors of the documents and reports in support of this contract that they must either timely submit or retain on-site as readily available upon request. The contractor also shall submit all required programmatic and financial reports in the format and within the timeframes that DCF specifies as required by Section 3.02 of the SLD or IPA. Changes to the information in these documents and reports must be reported to DCF. Contractors are under a continuing obligation, through the completion of any contract with the State of NJ, to renew expired forms filed the NJ Department of Treasury and to notify Treasury in writing of any changes to the information initially entered on these forms. Failure to timely submit updated documentation and required reports may result in the suspension of payments and other remedies including termination.

IV. Organizations awarded contracts for the provision of certain types of services additionally shall be aware of the following:

- A. If services are provided at licensed sites, contractors must meet all NJ Department of Children and Families and other applicable Federal Licensure Standards.
- B. If services are paid with Medicaid funds, contractors 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, within prescribed times.
- C. If services are paid with federal funds (including Medicaid funds), contractors must adhere to the provisions set forth in the Rider for Purchases funded in whole or in part, by federal funds. <https://www.nj.gov/dcf/providers/contracting/forms/RIDER-For-Purchases-Funded-by-Federal-Funds.pdf>
- D. If services are provided by programs licensed, contracted or regulated by DCF and provide services to individuals with developmental disabilities, contractors must comply with:
 - 1. the Central Registry of Offenders against individuals with Developmental Disabilities law, N.K.S.A 30:6D-73 et seq (Individuals on the Central Registry are barred from working in DCF-funded programs for persons with developmental disabilities. If you are not registered to access the Central Registry, DCF will facilitate the qualified applicant's registration into this system); and

2. Danielle's Law:

<https://www.state.nj.us/humanservices/dds/documents/fireprocurement/dd/Danielle%27s%20Law.pdf>

- E. If services are to be administered by the Contracted System Administrator (CSA), contractors must conform with, and provide services under, protocols that include required documentation and timeframes established by DCF and managed by the CSA. The CSA is the single point of entry for these services and facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child-serving systems. Contractors of these services will be required to utilize "Youth Link", the CSOC web-based out-of-home referral/bed tracking system process to manage admissions and discharge after being provided training.
- F. If services are to be provided to youth and families who have an open child welfare case due to allegations of abuse and neglect, then contractors shall deliver these services in a manner consistent with the DCF Case Practice Management Plan (CPM) and the requirements for Solution Based Casework (SBC), an evidence-based, family centered practice model that seeks to help the family team organize, prioritize, and document the steps they will take to enhance safety, improve well-being, and achieve permanency for their children. SBC provides a common conceptual map for child welfare case workers, supervisors, leadership, and treatment providers to focus their efforts on clear and agreed upon outcomes. DCF may require contractors to participate in DCF sponsored SBC training, and to be involved in developing plans with the consensus of other participants, incorporating the elements of the plans into their treatment, participating in Family Team Meetings, and documenting progress and outcomes by race, age, identified gender, and other criteria DCF deems relevant and appropriate.
- G. If services provided under a DCF contract are for mental health, behavioral health, or addictions services by a contractor with at least 10 regular full-time or regular part-time employees who principally work for the contractor to provide those services, then P.L. 2021, c.1 (C30:1-1.2b) requires the contractor to:
 - 1. submit no later than 90 days after the effective date of the contract an attestation: (a) signed by a labor organization, stating that it has entered into a labor harmony agreement with such labor organization; or (b) stating that its employees are not currently represented by a labor organization and that no labor organization has sought to represent its employees during the 90-day period following the initiation or renewal of the contract; or (c) signed by a labor organization, stating that it has entered into an agreement or binding obligation to be maintained through the term of the contract that provides a

commitment comparable to a labor harmony agreement, as defined in section 4 of P.L.2021, c.1 (C30:1-1.2c). The required attestation is submitted to ensure the uninterrupted delivery of services caused by labor-management disputes and is a condition of maintaining a DCF contract. The failure to submit it shall result in DCF's issuance of a financial recovery and a Corrective Action Plan (CAP). Should the contractor not adhere to the terms of the CAP, DCF shall cancel or not renew the contract upon obtaining a replacement contractor to assume the contract or otherwise provide the services. An extension of the 90-day deadline shall be warranted if a labor organization seeks to represent a contractor's employees after the contract is renewed or entered into, but within the 90-day period following the effective date of the contract. The Commissioner of DCF may review any interested person's report of a failure by the contractor to adhere to these requirements and upon finding that a covered contractor failed to adhere to the requirements shall take corrective action which may include a CAP, financial recovery and cost recoupment, and cancelling or declining to renew the contract. Should the covered contractor fail to engage in or complete corrective action, the Commissioner of DCF shall cancel or decline to renew the contract; and

2. make good faith efforts to comply with COVID-19 minimum health and safety protocols issued by DCF to adequately ensure the safety of the contractors, employees, and service recipients as per Section 4 of P.L., c.1 (c.30:1-1.2b) until the 366th day following the end of the public health emergency and state of emergency declared by the Governor in Executive Order No. 103 of 2020. The Commissioner of DCF shall take into account, prior to awarding or renewing any contract, any prior failures reported by any interested party to demonstrate a good faith effort to contain, limit, or mitigate the spread of COVID-19 among the covered contractor's employees or service recipients and require at a minimum the submission of a CAP to contain, limit, or mitigate the spread of COVID-19 cases. Should the contractor fail to implement a plan or repeatedly fail to demonstrate good faith efforts to contain, limit, or mitigate the spread of COVID-19, the Commissioner shall take action, including financial penalties or cancellation or non-renewal of the contract.

- H. If the employees of a contractor or its subcontractor enter, work at, or provide services in any state agency location, then they are covered by Executive Order No. 271 (EO 271), which was signed and went into effect on October 20, 2021. A covered contractor must have a policy in place: (1) that requires all covered workers to provide adequate proof, in accordance with EO 271, to the covered contractor

that the covered worker has been fully vaccinated; or (2) that requires that unvaccinated covered workers submit to COVID-19 screening testing at minimum one to two times weekly until such time as the covered worker is fully vaccinated; and (3) that the covered contractor has a policy for tracking COVID-19 screening test results as required by EO 271 and must report the results to local public health departments. The requirements of EO 271 apply to all covered contractors and subcontractors, at any tier, providing services, construction, demolition, remediation, removal of hazardous substances, alteration, custom fabrication, repair work, or maintenance work, or a leasehold interest in real property through which covered workers have access to State property. EO 271 excludes financial assistance; contracts or sub-contracts whose value is less than the State bid Advertising threshold under N.J.S.A. 52:34-7; employees who perform work outside of the State of New Jersey; or contracts solely for the provision of goods.

- I. If a contract includes the allocation and expenditure of COVID-19 Recovery Funds, then it is covered by Executive Order No. 166 (EO166), which was signed by Governor Murphy on July 17, 2020. The Office of the State Comptroller (“OSC”) is required to make all such contracts available to the public by posting such contracts on the New Jersey transparency website developed by the Governor’s Disaster Recovery Office (GDRO Transparency Website).

By my signature below, I hereby confirm I am authorized to sign this document on behalf of my organization. I have read, understand, and have the authority to ensure my organization will comply with the terms and conditions of providing services under my contracts with DCF as described in the text and referenced documents above. The terms set forth in this document govern all executed contracts with DCF and contracts to be entered into with DCF in the future.

Signature _____ **Date:** _____

Printed Name: _____ **Title:** _____

Exhibit D

Public Law P.L. 2021, c.1 Attestation Form for Providers with DCF Contracts
ALL DCF Providers must sign, scan, and email this executed document to:
OfficeOf.ContractAdministration@Dcf.nj.us

By my signature below, I hereby confirm I am authorized to review and sign this document on behalf of my organization. I additionally confirm:

_____ (1) my organization **is not** an entity entering into or renewing a contract or contracts with the Department of Children and Families to provide mental health, behavioral health, or addiction services that employs more than 10 regular full-time or regular part-time employees who principally work for the organization to provide the contracted services as defined in Public Law P.L. 2021, c.1 [if you select this response, please return the signed form as noted above].; OR

_____ (2) my organization **is** such an entity and in compliance with Public Law P.L. 2021, c.1., I therefore must submit within the 90-day period following the initiation or renewal of our DCF contract(s) either:

A. An attestation:

_____ signed by a labor organization confirming entry into a labor harmony agreement with such labor organization; **or**

_____ stating that our employees are not currently represented by a labor organization and that no labor organization has sought to represent our employees during the 90-day period following the initiation or renewal of our DCF contract(s) after the effective date of this act and up to the time of submission; **or**

_____ signed by a labor organization, confirming entry into an agreement or binding obligation to be maintained through the term of the DCF contract that provides a commitment comparable to a labor harmony agreement, as defined in section 4 of P.L.2021, c.1 (C.30:1-1.2c); **or**

B. A notice:

_____ from a labor organization confirming it seeks to represent our employees after the expiration of the 90-day period following the effective date of our DCF contract, to be followed no later than 90 days after the date of notice stating that we have entered into:

(1) a labor harmony agreement with the labor organization; or

(2) an agreement or binding obligation to be maintained through the term of the contract that provides a commitment comparable to a labor harmony agreement, as defined in section 4 of P.L.2021, c.1 (C.30:1-1.2c); **and**

C. A COVID-19 health and safety commitment:

I ensure the organization will continue to make a good faith effort to comply with minimum health and safety protocols issued by DCF to adequately ensure the safety of the covered providers' employees, and service recipients at least through the 366th day following the end of the public health emergency and state of emergency declared by the Governor in Executive Order No. 103 of 2020. These efforts include our adherence to the measures service providers may take to prevent and mitigate exposure to, and spread of, the COVID-19 virus while delivering services, as explained by the DCF Commissioner's issuance of Guidance's published

on the DCF website at: https://www.nj.gov/dcf/coronavirus_contractedproviders.html These Guidance's have amended and supplemented, and may continue to amend and supplement, our contract requirements. I additionally represent I am not aware of any prior failures to demonstrate a good faith effort to contain, limit, or mitigate the spread of COVID-19 among the covered provider's employees or service recipients.

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Organization Name: _____

EXHIBIT E

Rev. 4-1-2021

**CSOC Pre Award Documents
Required to Be Submitted with a Response to an IH RFQ**

▶ CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RESPONSE:	
1	<input type="checkbox"/> Standard Language Document (SLD) (signed/dated) [Rev. 7-2-19] Form: https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc
2	<input type="checkbox"/> Business Associate Agreement/HIPAA (signed/dated under Business Associate) [Rev. 8-2019] Form: https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx
3	<input type="checkbox"/> Dated List of Names, Titles, Emails, Phone Numbers, Addresses & Terms of Board of Directors -or- Managing Partners , if a LLC/Partnership -or- Chosen Freeholders of Responsible Governing Body
4	<input type="checkbox"/> Disclosure of Investigations and Other Actions Involving Bidder (signed/dated) [Rev. 3-15-19] Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf
5	<input type="checkbox"/> Disclosure of Investment Activities in Iran (signed/dated) [Rev. 2-1-21] Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf
6	<input type="checkbox"/> Ownership Disclosure (signed/dated) [Rev. 2-22-21] Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf
7	<input type="checkbox"/> Subcontract/Consultant Agreements related to this response If not applicable, include a signed/dated note, on agency letterhead, stating your agency will not have any subcontract/consultant agreements and the requirement does not apply.
8	<input type="checkbox"/> For Profit: Chapter 51/Executive Order 117 Vendor Certification and Disclosure of Political Contributions [Rev 4/1/19] See instructions for applicability to your organization. If not applicable, include a signed/dated note, on agency letterhead, stating a Chapter 51 form is not required and include a brief explanation as to why. Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/eo134/Chapter51.pdf
9	<input type="checkbox"/> Agency By Laws -or- Management Operating Agreement if a LLC
10	<input type="checkbox"/> Certificate of Incorporation Website: https://www.nj.gov/treasury/revenue/
11	<input type="checkbox"/> Document showing Data Universal Numbering System (DUNS) Number [2006 Federal Accountability and Transparency Act (FFATA)] Website: https://fedgov.dnb.com/webform Helpline: 1-866-705-5711

12	<input type="checkbox"/>	For Profit: NJ Business Registration Certificate with the Division of Revenue See instructions for applicability to your organization. If not applicable, include a signed/dated note, on agency letterhead, stating a NJ Business Registration is not required and include a brief explanation as to why. Website: https://www.nj.gov/njbusiness/registration/
13	<input type="checkbox"/>	Tax Exempt Organization Certificate (ST-5) -or- IRS Determination Letter 501(c)(3) If not applicable, include a signed/dated note, on agency letterhead, stating the tax exempt requirement does not apply and include a brief explanation as to why. Website: https://www.nj.gov/treasury/taxation/exemptintro.shtml
	<input type="checkbox"/>	CONTRACT DOCUMENTS TO BE SUBMITTED WITH THE RESPONSE AND <u>ANNUALLY</u> UPDATED THEREAFTER:
14	<input type="checkbox"/>	Affirmative Action Certificate --or-- Renewal Application [AA302] sent to Treasury with payment. <u>Note:</u> The AA302 is only applicable to new startup agencies and may only be submitted during Year 1. Agencies previously contracted through DCF are required to submit an Affirmative Action Certificate. Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/AA_%20Supplement.pdf
15	<input type="checkbox"/>	Certification Regarding Debarment (signed/dated) Website: https://www.nj.gov/dcf/providers/notices/requests/#2 Form: https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf
16	<input type="checkbox"/>	Tax Forms – Full Return Required <u>Non Profit Form 990</u> Return of Organization Exempt From Income Tax -or- <u>For Profit Form 1120</u> US Corporation Income Tax Return -or- <u>LLC Applicable Tax Form</u> and may delete or redact any SSN or personal information
17	<input type="checkbox"/>	Proposed Organizational Chart for services required by this response – Ensure chart includes the agency name and current date
18	<input type="checkbox"/>	Current Resumes and Professional Licenses related to job responsibilities for this response.
19	<input type="checkbox"/>	System for Award Management (SAM) printout showing active status and expiration date Note: Should be obtained free of charge Website: Go to SAM by typing www.sam.gov in your Internet browser address bar Helpline: 1-866-606-8220
20	<input type="checkbox"/>	Agency Data Sheet (Attachment 1)
21	<input type="checkbox"/>	Program Component Form (Attachment 2)

EXHIBIT F

**CSOC Post-Award Documents
Required to be Submitted for Contract Formation
if the Response to the IIH RFQ Results in an Award**

Rev. 6-23-2020

▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT:	
1	<input type="checkbox"/> Acknowledgement of Receipt of NJ State Policy & Procedures returned to the DCF Office of EEO/AA (signed/dated) Form: https://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf Policy: https://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf
2	<input type="checkbox"/> Chapter 271/Vendor Certification and Political Contribution Disclosure Form (signed/dated) [Rev 7/10/17] Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf
3	<input type="checkbox"/> Document showing NJSTART Vendor ID Number (NJ's eProcurement system) Website: https://www.njstart.gov/ Help Desk: Call 609-341-3500 -or- Email njstart@treas.nj.gov
4	<input type="checkbox"/> For Programs without an Annex A: Standardized Board Resolution Validation (signed/dated) Form: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p1_board.pdf
5	<input type="checkbox"/> For Medicaid Paid Programs: Medicaid Provider Enrollment Application (signed/dated) Form: Provided by CSOC if applicable
▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD & <u>ANNUALLY</u> UPDATED THEREAFTER:	
6	<input type="checkbox"/> Annual Report to Secretary of State Website: https://www.njportal.com/dor/annualreports
7	<input type="checkbox"/> Employee Fidelity Bond Certificate (commercial blanket bond for crime/theft/dishonest acts) Refer to policy for Minimum Standards for Insurance: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf Bond must be at least 15% of the full dollar amount of all State of NJ contracts for the current year when the combined dollar amount exceeds \$50,000. If not applicable, include a signed/dated note, on agency letterhead, stating the bond certificate is not required as your agency will not exceed \$50,000 in combined State of NJ contracts for the current year. <u>Note</u> : The \$50,000 threshold includes fee-for-service reimbursements made via Medicaid.
8	<input type="checkbox"/> Liability Insurance (Declaration Page/Malpractice Insurance) <u>Note</u> : Policy must show two items... 1. List DCF as the certificate holder - NJDCF, 50 East State St, Floor 3, POB 717, Trenton, NJ 08625 2. Contain language stating DCF is an additional insured Refer to policy for Minimum Standards for Insurance: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf

9	<input type="checkbox"/>	<p>DCF Notification of Licensed Public Accountant Form (NLPA) [Rev. 7-15-19] -and- copy of Non-Expired Accountant's Certification [Ensure DCF form is used and 2 signatures are provided] Form: https://www.nj.gov/dcf/providers/contracting/forms/NLPA.docx Not required for agencies expending under \$100,000 in combined federal/state awards or contracts. If not applicable, submit a signed/dated note, on agency letterhead, stating the NLPA form and accountant's certificate are not required as you will not exceed \$100,000 in combined federal/state awards or contracts. <u>Note</u>: The \$100,000 threshold includes fee-for-service reimbursements made via Medicaid. Also, the NLPA is a State of NJ form and need only list federal/state funds received via contracts with the State of NJ.</p>
10	<input type="checkbox"/>	<p>Most recent Audit -or- Financial Statement (certified by accountant or accounting firm) <u>Audit</u>: For agencies expending over \$100,000 in combined federal/state awards/contracts -or- <u>Financial Statement</u>: For agencies expending under \$100,000 Policy: https://www.state.nj.us/dcf/policy_manuals/CON-I-A-7-7.06.2007_issuance.shtml [Policy Rev. 3-2-2020]</p>
<p>▶ CONTRACT DOCUMENTS TO BE MAINTAINED <u>ONSITE</u> BY PROVIDER:</p>		
11	<input type="checkbox"/>	<p>Agency Organizational Chart</p>
12	<input type="checkbox"/>	<p>Copy of Most Recently Approved Board Minutes</p>
13	<input type="checkbox"/>	<p>Personnel Manual and Employee Handbook (include staff job descriptions)</p>
14	<input type="checkbox"/>	<p>Affirmative Action Policy/Plan</p>
15	<input type="checkbox"/>	<p>Conflict of Interest Policy/Attestation https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf</p>
16	<input type="checkbox"/>	<p>Procurement Policy https://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf</p>

Exhibit G

New Jersey Department of Children and Families
Children’s System of Care (CSOC)

IIH Clinical - ATTESTATION

Providers are required to confirm their compliance with all of the qualification requirements. This completed document is attestation that you are able to meet all of the compulsory requirements and able to provide services consistent with the scope of services delineated in the RFQ.

By my signature below, I hereby certify that:

- I have the necessary authority to execute this agreement between my Agency and the Department of Children and Families (DCF).
- I have read, understand and will comply with all of the terms and conditions of providing the services described in this RFQ.
- I agree to provide all of the required services and to comply with all of the service implementation and payment processes described in Section I of this RFQ for Intensive in Home (IIH) Clinical for Youth with Intellectual/Developmental Disabilities.
- I certify that I meet all of the qualifications and have provided all of the documentation required in Sections II and III of this RFQ for providing these required services.
- The information I have given in response to this RFQ is correct and complete. Failure to abide by the terms of this attestation is a basis for DCF’s withdrawal of my qualification to provide these services.

CEO OR EQUIVALENT NAME	SIGNATURE	DATE
(Please Print)		

PLEASE NOTE: This application is subject to public disclosure under the New Jersey Open Public Records Act.

Attachment 1
 New Jersey Department of Children and Families
 Children’s System of Care (CSOC)
Annual Agency Data Sheet

IIH: Intensive In-Home Supports – Year 4: 7/1/21 - 6/30/22

ISS: Individual Support Services – Year 2: 7/1/21 - 6/30/22

Date:

Agency/Corporation Data

DCF CA: Trish Allen Patricia.Allen@dcf.nj.gov

Agency Name:

Mailing Address:

County:

(where corporate office is located)

Agency ID Numbers:

FEIN (9-digit)

DUNS (9-digit)

NJSTART (9-digit)

Medicaid (7-digit):

Contract Type: **Fee for Service**

Select One → Non-Profit For Profit

Select One → Corporation LLC Other: _____

Service/Component	Contract #	Medicaid #	Medicaid # is Current & Actively Being Used	Service/Component Is Operational
1. IIH-Clinical		See above	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

Attachment 3

Applicant Eligibility Requirements Check List for Clinical and Therapeutic Supports and Services for I/DD Youth

Education and Experience:

- Applicant holds a Master's degree in psychology, special education, guidance and counseling, social work or a related field;
- Applicant holds an independent clinical license to practice in NJ;
- Applicant has at least one year of experience in providing clinical services for individuals who have intellectual/developmental disabilities

OR

- Applicant holds a Master's degree in psychology, special education, guidance and counseling, social work or a related field;
- Applicant is less than two years from obtaining an independent clinical license to practice in NJ and is working under the supervision of an independent clinician licensed to practice in NJ;
- Applicant has at least one year of experience in providing clinical services for individuals who have intellectual/developmental disabilities;
- Master's degree National Association for the Dually Diagnosed certification (NADD) is preferred for all applicants, but is not required

Additionally:

All Applicants

- Must successfully complete a criminal background check
- Produce a negative TB test result

Staff Training should include but is not limited to:

Required:

- Positive Behavioral Supports;
- Developmental milestones, identifying developmental needs, strengths;
- Nurtured Heart Approach;
- Crisis management: Prevention, Recognition and Intervention; such training shall include proper procedures for the use of blocks and releases; and requesting assistance of a crisis center or 911 for situations that become dangerous and beyond the family and provider's ability to address;
- Evidence-based and evidence-informed clinical interventions;
- Danielle's Law (In compliance with P.L.2003, c.191 [C.30:6D-5.1-5.6]);
- Identifying and reporting child abuse and neglect; (Any incident that includes an allegation of child abuse and/or neglect must be immediately reported to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ ABUSE in compliance with N.J.S.A. 9:6-8.10);
- HIPAA;
- Confidentiality and Ethics;
- Any CSOC future training(s) as determined necessary

Suggested:

- DIR/DIRFloortime Training Program certification

Clinical assessment (indicate experience with):

- Biopsychosocial Needs Assessment;
- Strengths and Needs Assessment, CSOC Information Management Decision Support (IMDS) Tool;
- Other assessment tools as indicated; clinicians must be familiar with the array of considerations that would indicate preferred assessment methods over others.

Implementation of services should include but is not limited to:

- Development of an individualized service plan;
- Individual, family and group counseling;
- Positive Behavioral Supports;
- Instruction in learning adaptive frustration tolerance and expression, which may include anger management;
- 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;
- Trauma informed counseling;
- Developmental, Individual differences, Relationship based Floortime intervention
- Providing coordinated support with agency staff and participating as part of the clinical team;
- Collaborating effectively with professionals from other disciplines that are also supporting the youth, including but not limited to: education, clinicians, physicians, etc. and,
- Recommendations for referrals for medical, dental, neurological or other identified evaluations.

All applicants are required to describe their policy and protocol for crisis situations.

Will intervention(s) in crisis situations include the use of restrictive procedures?

- Yes
- No

If **yes**, applicants are required to describe their policy and protocol for the use of restrictive procedures in crisis situations, for example:

- Handle With Care;
- Crisis Prevention Institute;
- Professional Crisis Management; or

- Other accredited or nationally recognized program; (specify) and
- Provide proof of training for all in home staff.

Accessibility of Services:

Do you offer bilingual services?

- Yes (specify languages spoken);
- No

Indicate geographic location(s) where services will be provided.

Indicate the hours and days that services will be available.

When will you be able to begin providing services?

- within the next thirty days
- within the next sixty days

Print Name, Individual

Signature, Individual

Date

Print Name, CEO or Equivalent

Signature, CEO or Equivalent

Date